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ABSTRACT

The document provides guidelines for consultants in the area of consultation in delivery of leisure services for handicapped children and youth. Included are chapters with the following titles and authors: "The Consultant-Consultee Relationship" (G. O'Morrow), "A Special Education Viewpoint: Consultation in the Public Schools" (S. Brannan), "Consultation in Municipal Recreation Agencies" (C. Leitschuh), and "Consultation in Institutional Settings" (W. Dayton). Approximately half of the document consists of the following appended materials: a section on grantsmanship and preparation of the proposal document (including a glossary of approximately 200 terms used in grant proposals and a bibliography of approximately 130 information sources), a glossary of approximately 30 terms used in the field of special education, a bibliography of approximately 300 sources of information on consultation, and a bibliography of approximately 30 sources of information on barriers and accessability for the handicapped. (IM)

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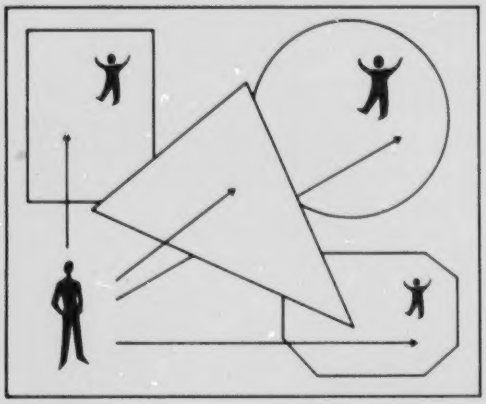
CONSULTATION: ENHANCING LEISURE SERVICE DELIVERY TO HANDICAPPED CHILDREN AND YOUTH

Judith E. Goldstein, Editor



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POST-MASTER'S INTERNSHIP TRAINING PROGRAM IN THERAPEUTIC RECREATION CONSULTATION

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May, 1977

Appreciation is extended to Tanya Mitchell for her perserverance at the keyboard and to Terry Smith for creating the human figures for the cover graphic.

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OVERVIEW

According to a Suffi Teaching Story*, a man once strayed from his own country into the Land of Fools. There he witnessed people running in terror from a wheat field. He was told that there was a monster in the field, but when the man looked, all he saw was a watermelon. After he voluntarily slew the monster, he cut a melon slice and began to eat it. The people became even more terrified and drove him away with pitchforks, crying, "He will kill us next unless we get rid of him."

Years later another man strayed into the Land of Fools. He, too, was told about the monster in the wheat field. However, instead of killing it, he agreed that it must be dangerous. He gradually gained the confidence of the people and spent considerable time with them in their houses teaching them very slowly the facts that would enable them not only to lose their fear of melons, but also to cultivate melons themselves.

The lessons of this vignette are appropriate for consultation. Active listening, empathy, patience, facilitation of change, respect for different lifespaces and perspectives, and ability to assist another to learn in his or her own way what is already known by others are present to some degree in all approaches to consultation. Over time and through experience these skills and attitudes are learned, refined, and integrated into the consultant's repertoire and become the base for successful intervention.

Like the accomplished educator, musician, homemaker, physician, athlete, artisan, or chef, the accomplished consultant appears to move effortlessly, gracefully, and surely in his or her work. The consultant's skill and coordination reflect pride, commitment to quality, years of training and experience, flexibility and control, trust of self, refined judgment, keen sense of person-environment interaction, heightened self-awareness, and knowledge. Whether in a relaxed state of readiness or involved in a complex task, the skilled consultant is at work.

The authors contributing to this volume address the lessons of the Suffi Teaching Story in different contexts—some theoretical and some practical. Identifiable strands in the five writings create organic unity. The concepts and strategies explored in the papers are supported by the resources provided in the appendix material, which are applicable to direct service as well as consultation. For no matter how many consultants work within the delivery system, the prime responsibility for meeting constituent needs and stimulating change rests with grass roots personnel, the people who have daily contact with handicapped children and youth and contribute the most to their habilitation, rehabilitation, and treatment. Therefore, this publication serves as an important reference for all individuals comprising the leisure service workforce.

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*Cited in If You See the Buddha on the Road, Kill Him! by Sheldon B. Kopp (New York: Bantam Books, 1972), pp. 12-13.

Positive and Negative Stimuli Affecting the Need for Consultants

Among the positive forces having an impact on the emergence of therapeutic recreation consultation are: (1) the movement to integrate traditionally segregated populations into more normal patterns in society (deinstitutionalization, normalization, and mainstreaming); (2) holistic rehabilitation (team approach); (3) accountability (in allocation of resources and in developing and meeting program goals and objectives); (4) consumerism and advocacy; (5) regulations and standards (legislated nationally or at the state level or devised by individual service delivery settings to govern program planning and evaluation; personnel preparation; facility design, construction, and operation; and related aspects of service delivery); and (6) expanded philosophies of and approaches to service delivery. The consultant may assist personnel or may work as an individual change-agent to bring about enhanced service delivery.

Less positive conditions also indicate the need for outside (consultative) assistance: (1) understaffing in the majority of programs across the country; (2) non-recreation personnel performing recreation-related jobs; (3) low funding levels; (4) lack of resources on-site; (5) low priority usually accorded to meeting the leisure needs of disabled populations; and (6) limited public awareness of the nature and benefits of therapeutic recreation.

The role of the consultant is emerging in response to demands facing therapeutic recreation personnel and community recreation personnel who are required to assume greater responsibility for meeting the leisure needs of disabled community residents. The consultant is beginning to contribute to shaping the positive direction of the never-ending process of adaptation to changing needs and procedures. Over the more than 25 years since the beginning of therapeutic recreation service in military hospitals, the world has changed considerably. Traditional service roles are still valid and have been highly refined, but a new dimension is needed, one which supports the efforts of grass roots personnel and assists them to perfect their skills and thereby enhance service delivery. This dimension is consultation, a blending of human relations skills, problem-solving skills, and skills in and knowledge of therapeutic recreation.

Consultation is not new to recreation. As a result of consultative intervention, positive change has occurred in service environments, and change of service environments has been stimulated. More individuals are being served; the quality and responsiveness of programs are greater. Consultation supports direct service and results in a substantially greater professional capability than would be possible with only a "hands-on" component. It is the responsibility of all individuals in therapeutic recreation to stimulate the establishment of consultant positions to serve a broad-based constituency.

The Three-Year Curriculum Development Project

Consultation: Enhancing Leisure Service Delivery to Handicapped Children and Youth was developed through a three-year project funded by the Bureau of Education for the Handicapped, U.S. Office of Education, Department of Health, Education and Welfare. The project's primary objective was to develop a prototype training program to prepare therapeutic recreation consultants using the framework of a master's level degree program. The project outcomes include:

1. The training prototype: (a) Twelve modules address processes essential to successful consultation (the consultation process, the communication process, the report preparation process, the education/training process, the legislative process, the grantsmanship process, fund development, information resources—development and utilization,

citizen involvement (participation), the research process, organizational behavior and change, and environmental barriers and accessibility). Each module includes learning activities and units that focus upon different aspects of the module (including rationale, objectives, topics of concern, and resources). (b) A list of illustrative consultant tasks which serve as guidelines for assessing student competency for on-the-job performance. (c) Guidelines for evaluating student readiness to enter the training program. (d) Guidelines for selecting field practicum sites. (e) General information about how the prototype can be used at the undergraduate level, as well as in in-service training and related types of professional development activities. (Available through the National Recreation and Park Association.)

2. *Assessing Therapeutic Recreation Manpower: Guidelines for Using the Survey Questionnaire* explores one manpower assessment technique in a question/answer format. Sample questions are included. (Available through the National Recreation and Park Association.)

3. Two articles that discuss therapeutic recreation consultation and the NRPA-BEH project: "Settings for Therapeutic Recreation Consultation" and "Therapeutic Recreation Consultation: A Component of the Leisure Service Delivery System" are found in *Expanding Horizons* V and IV, respectively. The *Expanding Horizons* series presents proceedings from the annual Midwest Symposium on Therapeutic Recreation. Publications may be ordered through the Department of Recreation and Park Administration, University of Missouri, Clark Hall, Columbia, MO 65201.

4. Seven individuals received training during the three-year project period. They were placed for extensive (six to eight months) practical experience at sites corresponding to several consultation models identified by the project: (1) state government model--Recreation Planning Section, Georgia Department of Natural Resources, Atlanta; (2) national level model--National Recreation and Park Association; (3) Cooperative Extension Service model--University of Missouri, Columbia; and (4) regional model: Recreation Therapy Department, North Carolina Memorial Hospital, Chapel Hill. The large municipality model was not used.

5. Limited job development efforts were undertaken to stimulate interest in establishing new positions at the state level and in the Cooperative Extension Service.

The project proposal was developed in 1973 in response to changing therapeutic recreation service needs and trends and developments in human services. This publication and the other project materials focus upon service delivery to handicapped children and youth. *However, they are applicable to consultation in institutions and community settings serving all special populations. Readers are encouraged to use the information and materials according to their unique needs and circumstances.*

The Publication's Intent

Consultation was prepared for a broad readership. Therapeutic recreation personnel may broaden their perspective of service delivery and as a result may choose to become involved in consultation, work to create a consultant position in their city or region, and/or take more advantage of consultant capabilities available to them. Students determining a career direction may familiarize themselves with consultation in institutions, schools, and municipal settings and increase their understanding of the consultation relationship and process. Faculty may use this publication as an instructional tool and as a reference in student advisement. Administrators seeking to improve service delivery and change staffing patterns may gain new insights and approaches. Additionally, *Consultation* may create positive linkages between therapeutic recreation and other human service fields, such as special education and rehabilitation.

This publication offers an overview of (1) several systems in which leisure services are offered (or may be offered) and (2) numerous issues in service delivery and consultation which are involved in quality consultation. It presents valuable personal perspectives infrequently found in conventional texts. Consultants share their thoughts honestly and from first-hand experience. The papers should stimulate discussion, enlarge the reader's view of professional activity, challenge traditional pathways, and hopefully create the awareness necessary to further enhance leisure service delivery to handicapped children and youth and create full-time consultant positions.

Adaptation and Change

Continuance of a species over time depends, in part, upon its ability to adapt positively to changing conditions. This book--a study of aspects of the "species" therapeutic recreation--is both a result of change and a catalyst for change. It presents an emerging dimension of service delivery and contributes a new dimension to the literature. It explores current adaptations to changing circumstances and provides tools with which to devise adaptations in the future. Hopefully, you, the reader, will be better able to participate in the process of change as a result of your encounter with the writings and resources in this volume.

J.E.G.

Gerald S. O'Morrow

The Consultant-Consultee Relationship

Gerald S. O'Morrow is Associate Professor in recreation and leisure studies at the University of Georgia (Athens). While professor and chairman at Indiana (Terre Haute) State University, he established the therapeutic recreation curriculum. Prior to his academic appointments, he spent some 10 years as an administrator and program service director in health agencies in California and Indiana. His last field position was director of Educational and Activity Therapy for the Indiana Department of Mental Health, a consulting position. He received his doctorate in therapeutic recreation service from Teachers College, Columbia University.

Dr. O'Morrow serves as a research and field consultant to many private and public agencies and universities. He has authored two books, the most recent of which is Therapeutic Recreation: A Helping Profession, and over 40 articles. Over this long and distinguished career in recreation, he has assumed varied leadership roles in the National Recreation and Park Association and the National Therapeutic Recreation Society.

The care and treatment of children with handicaps have undergone a radical transformation in the past decade. Emphasis has shifted from the handicap to the child, from disability to ability, from the differences to the similarities of these children and their nonhandicapped peers. Parents and personnel who see to the well-being of children with handicaps concern themselves to a greater degree with cultivating existing abilities and skills, lessening the disability to the extent possible, and providing opportunities for tapping new areas of the handicapped child's potential.

The 1970's have seen a great increase in community interest and action on behalf of children with handicapping conditions, as well as deeper public understanding of the problems with which the special child is confronted. Attitude change has led to a greater acceptance of each child as a unique and valued individual.

Physicians are recognizing their responsibility to the child and family; they are more aware of the need for programs which respond to the whole child. Practitioners in the helping professions are playing a more definite role in service delivery to handicapped children. Organizations interested in various types of handicapping conditions are expanding their programs. Groups dealing with special problems of handicapped children are organizing for action. The U.S. Department of Health, Education and Welfare has stimulated national, state, and local activities in the promotional, information, and service areas. And progress is evident in the development of adequate and accessible community facilities.

The mission of these groups and programs is to see that every child is cared for in a manner which assures recovery whenever possible, achieves the greatest degree of improvement when complete recovery is not possible, and facilitates a satisfactory adjustment to society, to family, and to the physical and social environments. They encourage the development of each child in as normal manner as possible, achievement of independence, and personal contribution to the community.

In recent years, there has been general recognition of the influence early play and recreation experiences have upon the development and life patterns of all children. Within the health care and helping professions, there is a growing acceptance of the value of play and recreation experiences during the handicapped child's formative years. In light of the contribution such activities make to the growth and development of handicapped children and the emphasis upon comprehensive health and social services for these children, therapeutic recreation units in rehabilitation facilities, public park and recreation departments, and other community leisure service agencies and organizations have begun to assume a greater role in providing recreation services to this population group.

To many, therapeutic recreation is simply the provision of recreation and leisure time activities to persons with special needs in public or private community and institutional (short-term care and residential) settings and facilities. In more recent years, however, therapeutic recreation services have become more varied and will probably continue to become even more so as a result of increasing acceptance and understanding of play and recreative experiences (Avedon, 1974 and O'Morrow, 1976) and the evolution of the profession. One of the elements of therapeutic recreation service receiving recognition today is consultation to agencies, organizations, and institutions serving handicapped children.

NATURE OF CONSULTATION

Consultation is, in an extended sense, one of the oldest human relationships. From the time man planted the first seed, individuals have probably been consulting.

Usually, no one objects to being called a consultant. The term has generally accepted prestige value, the unassailable dignity of a hallmark. Being a consultant, however, is something else again, something which is often not carried off with unassailable dignity. Consultation is likely to be either a thankless task or an arduous undertaking—the former if done poorly, the latter if done well.

Consultation to agency, organization, and institution personnel is a fairly complex, two-way process of helping people—a systematic use of knowledge (in this case, knowledge of therapeutic recreation) to achieve the greatest good for the greatest number. This type of service cannot be as readily visualized or defined as the direct services provided by a specific care and treatment center.

Activity programming, for example, is a direct service requiring face-to-face contact between staff and child. The process is similar regardless of situation, and the explanation of the process is generally understood by personnel in all settings. In contrast, therapeutic recreation consultation encompasses a wide variety of services and processes, and the term cannot be readily understood unless it is discussed in a particular context. For example, it can refer to the rendering of an expert opinion concerning recreation activities for a child physically unable to participate in community programs or it can refer to a complex process involving decision making, research, education, and program planning and evaluation. The latter description may relate to a service provided to an entire therapeutic recreation unit or department within a health, welfare, or recreation agency.

Regardless of context, consultation has two basic elements: problem solving and facilitating change. The consultation process is set in motion as the result of a purposeful decision by an individual or group to bring about improvements in program or system. A consultant is engaged to assist in bringing resources to bear upon the situation.

Consultation is generally understood to be a relationship between two or more individuals for the purpose of exchanging information, cooperating, or collaborating to help solve an existing or potential problem or improve skills and broaden knowledge. One of the individuals in this helping process is the therapeutic recreation specialist—the consultant. The other individual (or individuals)—who may represent a community recreation agency or a voluntary service group or an institution—is known as the consultee. The consultant is the help-giver, and the consultee is the help-seeker. The consultant and the consultee come together to help the client group, agency, or service group in need.

Climate of Consultation

While the consultant brings a certain aura of "expertness" to the consultation process, consultation thrives in a climate of confidence, cooperation, and mutual respect among the individuals involved; the success of the personal relationship between the consultant and the consultee depends upon these elements. The consultation process is as much a matter of establishing a good working relationship as it is a matter of solving problems. The relationship must be carefully cultivated. The effective consultant understands human relations; he or she is objective, nonauthoritarian, and creative. The consultant must be able to inspire, motivate, facilitate, and listen. He or she should take care to avoid creating an image of infallability or omniscience; a consultant is not a self-appointed prophet.

Various misperceptions (such as the consultant as interloper) still mar a clear appreciation of what consultation is all about. (Unfortunately, there are still consultative interventions which perpetuate the image of the consultant as an undesirable person.) Many agency professionals, including therapeutic recreation specialists, hold to the prevailing view. As a result, they may be defensive about and/or disinterested in consultation. They may consider consultation to be a criticism of or an unwarranted interference with their work. The consultant, in turn, may hinder the consulting process by appearing abrupt, patronizing, or overly clinical. Mutual respect, empathy, and cooperation are, therefore, key factors in the success of the consultation process.

Generally speaking, it appears that the consultative relationship is especially likely to mobilize feelings about dependency and authority. Some people seem unable to tolerate the need for help in themselves; some cannot tolerate the need for help in others. Conversely, some must work incessantly to create situations of dependency for themselves or for others. Most people fall in between the extremes. It is important to be aware that asking for, giving, and receiving assistance in the consultative relationship may stir up strong pre-existing feelings and attitudes about dependency and may activate the defenses of either the consultee or consultant or both.

Many other feelings may arise during the consultative relationship, either from fears or needs; they are often cryptic, concealed beneath complicated layers and combinations of defenses and motivations. The consultant must become as aware of them as possible.

Consultation is most effective when it is treated as a permissive partnership conducive to communication. The chances for developing a free, flexible partnership are considerably enhanced when the consultant avoids making a patient of the consultee and when the consultee genuinely want to help. Consultation conferences can thrive if they are confined to appropriate questions regarding the problem at hand; they can deteriorate if they attempt to deal with the personality dynamics of the consulting partners. The partners must lead one another through the process of consultation, not get lost in it.

The most successful consultation is voluntary, not mandatory. Unfortunately, many consultees are required to work with consultants and are less than willing participants. The consultee who agrees that consultation would be beneficial and voluntarily engages in the process is most receptive. Further, to be truly effective, consultation must be paced to the needs of the consultee.

Steps in Consultation

A private consultation practice does not develop spontaneously. It is rarely possible for the consultant to put up an "open-for-business" sign and find constituents waiting at the door. Similarly, an individual employed as a full-time consultant by an agency or organization does not have a ready-made constituency. Frequently, the therapeutic recreation specialist as consultant offers his or her services to individuals and groups by letter, telephone, or questionnaire or through contacts made while serving in various professional capacities. Experience seems to indicate, however, that initial involvement in consultation (in a private or public role) is the result of a referral by a member of one's own profession or by a professional friend representing another discipline.

The first step—initial contact—is critical. There is no formula to follow. The consultant must exercise his or her imagination and judgment about the best approach to take based upon his or her (often limited) understanding of the consultee. Most probably, every consultant makes certain assumptions at the outset, either consciously or unconsciously, about the task to be undertaken. (Such assumptions are necessary, but should not lock the consultant into a rigid pattern of action. More information is necessary.) These assumptions pertain to (1) the nature of the individual or individuals requesting help, (2) the process by which the request for service evolved, (3) the nature of the problem, (4) the processes which will lead to an amelioration of the problem, and (5) the ways in which the consultant can contribute to bring about change.

Once the contact has been established, the subject or focus of the consultation must be defined and understood. It is up to the consultant to sort out inappropriate questions, understand the motives of the consultee, and identify the core topic. Preliminary work may be done by the consultant and consultee prior to direct conference. The consultant may have been able to obtain advance information, and the consultee may have gathered data and made an attempt to define questions. For all practical purposes, the identification of the topic is usually referred to as diagnosis and represents the second step in the consultation process.

The next step involves setting boundaries and seeking solutions to problems. Development of a clearly defined, written work plan and establishment of duties and responsibilities are important tasks at this point. A formal or informal contract is appropriate. The partners must also agree about what additional data (if any) are needed and the best ways of collecting them. In addition, they should consider whether there is a need for the support and cooperation of other individuals or groups and, if necessary, enlist it.

In most consultations, solutions to problems are worked out jointly; the relationship is egalitarian. Final decisions and actions, however, are left to the consultee; the responsibility for accepting or rejecting advice remains there also. The consultant has no responsibility for, or authority over, the final actions of the consultee. Independent action, based on the consultant's guidance and recommendations, is essential to successful consultation.

With regard to these last points, it is amusing to note that: (1) the consultant is expected to effect change although he or she has no executive authority to do so; (2) if the outcome is good, he or she will have the decency to keep out of sight, so that the credit can go to those on stage; and (3) if the outcome is bad, he or she will have the equal decency to remain front and center to take full responsibility while others ease quietly out of sight.

When the process has run its course, the consultation should be brought to a close. As the last step, an appropriate report is provided. The consultation is self-defeating if it becomes open-ended. Work usually comes to an end through mutual agreement. However, the working relationship may terminate for other reasons which will be discussed later.

Fees in Consultation

Many readers scanning the various sections of this paper will immediately stop and read this one. Everyone is interested in receiving money for his/her services. The experienced consultant is frequently asked by one new to the business what to charge for his or her services. This is a difficult question to answer since most consultants do not engage in "selling" any more than architects and engineers.

There are many variables involved in fee-setting. Many examples might be cited; a few may be worth noting. Some consultants charge by the hour, while others have a fixed fee and may or may not request reimbursement for expenses. Some vary their hourly rate or total fee depending on whether the consultation is short-term or long-term. The type of consultation may also have a bearing.

The employment situation of the consultant also has an effect upon establishing fees. An academic institution or other employing agency may restrict the amount of consultant fees an individual may receive or request that the person adhere to a fee-splitting arrangement (with a portion going to the employer). Frequently, a consultant is not allowed to charge for services rendered since he or she is employed specifically to provide services to a specified constituency. On the other hand, the agency requesting service may have a policy which establishes the maximum fee allowable for a specific type of consultation and/or the way reimbursement is to be made—by the hour, by the week, by fixed fee.

To a large extent, consultation today is worked out through grants and contracts in which fees are pre-established. However, when a consultant is able to establish fees with few constraints, he or she must develop some system for doing so in light of the "going rate" in his/her locale, the value placed upon his/her time and expertise, and the complexity of the service request. Many persons charge whatever the market will bear—a sometimes questionable practice. It is important not to price oneself out of the market.

The experienced consultant has one or two factors working to his/her advantage: he or she is known and (probably more important) has considerable experience and expertise which facilitates appropriate and accurate fee-setting. The beginning consultant oftens lacks the ability to size up the situation quickly and determine the amount of time and effort that will be involved to meet the needs of the consultee. It may be better for the neophyte to charge initially by the hour until he or she feels comfortable in the role and has obtained experience.

All consultants have had the experience of being told that the hourly rate or fixed fee is too high. Consequently, negotiation is in order if the consultant wants to consult and the consultee wants service. As one obtains experience, this type of problem diminishes.

ROLES OF THE CONSULTANT

In one sense, the consultant provides the consultee with the kind of wide-angle view that aerial reconnaissance and military intelligence provide for a field commander. As a matter of fact, the consultant has been said to provide a mental helicopter allowing the consultee to see a panoramic view; from this vantage point, he/she can begin to relate to the whole forest.

In the course of his or her consultation activity, a consultant meets a variety of people and situations which make different demands. No two consultation relationships are exactly alike. Consultation is a flexible and adaptable process; various approaches may be taken. Depending upon the circumstances and the problem, the consultant may draw more heavily on one set of skills than another and may choose one type of relationship over another.

Sometimes the consultee wants only the consultant's opinion of his or her own interpretation of a problem; the consultee, in other words, wants an expert's reaction and a specific suggestion concerning the disposition of a problem. In a situation of this kind (which might involve a pediatrician recommending specific activities), the consultant acts as a technical expert. This type of consultation may be accomplished by a single conference.

In some instances, the consultee may request direct service which is not, as indicated earlier, a function of consultation. The consultant must be prepared to deal with such a situation. As far as consultation is concerned, this kind of request may be the only way of establishing a significant contact, but it is not the ideal way. When the consultant accepts the invitation, he/she risks creating problems of dependency or feelings of resentment in the consultee. The object of consultation is to accomplish the reverse—to strengthen the ability of the consultee to handle problems independently and to accept responsibility for seeing them through. The consultant may agree to provide the direct service, but should lead back to the more appropriate consultation relationship as soon as possible.

At times, the consultant may be called upon to provide supervisory consultation (not to be confused with supervision) for a supervisor who oversees the work of subordinates. In this case, the consultant is usually asked to review and evaluate the procedures or progress of the consultee's supervisory responsibilities, but he or she does not assume responsibility for supervision.

A frequent consultative role is that of expert in matters of procedures. In this role, the consultant does not attempt to influence the agency or department directly; that is, to influence goals. Instead, the consultant offers assistance in organizing more effective procedures--better means to achieve existing goals. The consultant brings to bear previous experience with other agencies or departments upon the problems of internal function and organization which are beyond the knowledge and experience of the consultee.

Regardless of the role assumed, the consultant must have knowledge about many things in addition to his or her professional field, such as growth and development of children, handicapped conditions, social problems affecting children, and the like. He or she should know what private and public recreation services are available in the community and be able to identify the professionals who might become useful partners in future consultation.

Local circumstances in many situations dictate the specifics of consultation and influence the course of action. Problems found among various agencies vary enormously, as do attitudes toward handicapped children. Consultants must be aware of problems, attitudes, and broad aspects of the environment as they apply to a whole population, not just to particular individuals. The more consultants are familiar with the special characteristics of the community, the agencies within the community, and individuals working with various agencies, the better prepared they will be to undertake the sensitive and critical task of consultation.

One of the most important lessons a consultant can learn is that consultation is a two-way process. At the same time the consultant helps a consultee, the consultant learns from the consultee. Although the balance is usually weighted in favor of giving by the consultant and receiving by the consultee, the consultant also receives and consultee gives. While the consultant may have a store of knowledge relevant to the problem area, effective giving is dependent upon receiving facts, impressions, and opinions about the unique problem at hand. The consulting relationship, therefore, may be characterized by successive reversals of giving and receiving.

The "Inside" and "Outside" Consultant

The "inside" consultant is employed by an agency or organization to provide consultation to its internal divisions, departments, or service units. For example, a state department of mental health might employ as consultants various professional staff in the state institutions it operates. The mission of these individuals is to strengthen the service delivery of the state mental health system and to meet the goals of the state-level office. The consultant's work, therefore, is self-serving, and there is considerable vested interest in what is accomplished.

On the other hand, the "outside" consultant may be in business for himself or herself to consult with whomever he/she chooses or he or she may be a member of a consulting firm or organization. Outside consultants usually provide service on a fee basis, in contrast to inside consultants who provide service as part of their regular job function.

Another type of outside consultant is illustrated by the therapeutic recreation specialist employed by the U.S. Department of Agriculture, Cooperative Extension Service (CES) units. Currently, the University of Illinois (Champaign) and the University of Missouri (Columbia) employ individuals as part of the CES team to provide therapeutic recreation consultation to personnel at agencies and institutions throughout the state either on a request basis or according to needs determined by the specialist. These individuals do not charge for service and do not have a vested interest in maintaining the system which employs them. Rather, their focus is service and the improvement of therapeutic recreation programs and services throughout the state.

The process and relationship of consultation are for all practical purposes, the same for inside and outside consultants. However, there are some considerations (mainly political, administrative, economic, and attitudinal) which pertain solely to inside consultation. Both the consultants and consultee are members of the same system and are, therefore, affected and influenced by the same goals, agency structure, administrative leadership, level of financial support, and communications network. These factors may tend to set up a situation which does not facilitate successful work toward change. Consultation may not be entered into voluntarily; in other words, an agency may be told that a consultant is being sent to work out difficulties noted by the state department. Additionally, the latitude of the consultee to make the decision about how to proceed or what approach to choose (or whether to accept the recommendations at all) may be limited if the consultant is mandated to effect a specific type of change in accord with the goals of the state department. There may be suspicion that the consultant has a need to follow the suggestions of the state department in order to safeguard his/her own job and standing within the personnel system. If this suspicion proves correct, the consultee may realize that his/her job or program may be in jeopardy solely because the consultant is fighting to maintain his or hers.

The reader is not to assume that all inside consultants are threatening or that these adverse conditions are always present. It is important, however, to be aware of some of the problems which might occur when inside consultants are involved in effecting change. Astute consultants within a delivery system are generally aware of what lies ahead of them and take steps to bring about a constructive working relationship which does, in fact, facilitate positive change for those receiving services--the consumer.

Specific Roles

An aspect of the consultant's strategy in the formulation of the helping relationship is the selection of the role he or she will take in facilitating change. Shall it be mediator? Counselor? Guide? Facilitator? Educator? In this section I will discuss the more specific roles assumed by the consultant--those of guide, enabler, expert, and therapist. However, in any one helping relationship, an eclectic approach is used most often.

Guide. One role which may be assumed is that of a guide who helps the consultee establish goals and find means of achieving them. Here, for example, the consultant is to help the therapeutic recreation service director move effectively in the direction of offering better services to children with handicapping conditions. The consultant has some responsibility to help the consultee choose this direction intelligently; he or she uses experience and expert knowledge discriminately. But the choice of direction and method of movement must be those of the consultee.

In this example, the consultant does not operate without personal biases developed as a result of experience. He or she may well be convinced that a certain way of offering services is essential and preferable and may communicate this perception and its rationale to the consultee; he or she may compare his/her approach with the consultee's and point out the advantages. However, the consultant must control biases and respect the rights and desires of the director and agency. While the consultant does not operate completely in terms of impartial interest and objectivity, he or she is primarily concerned with the goal of helping the director become aware of how to offer better services and to find the means of working cooperatively to meet this need.

In the role of guide, the consultant tries to be objective about existing conditions. In this respect he or she is similar to the psychiatrist, who recognizes symptoms for what they are (without judgment) and is interested in causal factors and the treatment of the symptoms. Without being content with existing conditions, the consultant can accept the situation as it is. He or she does not criticize, make comparisons aloud that cast the service in an unfavorable light, or act in ways which impose his/her expertise. He/she understands that vested interests, rigid beliefs and ideas, aggression and hostility, and inconsistency are found in every unit. These factors are accepted as inevitable aspects of the service delivery system and as forces with which to deal as work continues with the service director.

In many respects, the problems (to be discussed later) encountered within the consultant-consultee relationship could be reduced or eliminated if the consultant assumes the role of guide.

Enabler. The consultant helps or enables goals and action plans to be developed by encouraging growth and development in the relationship with the consultee, promoting healthy verbalization, listening patiently, questioning skillfully, nourishing cooperative work and attitudes, and emphasizing effective planning.

Nearly all consultants have had the experience of working with consultees who are discontent with many aspects of the service unit they administer or other service units within the agency or with the administration of the agency. Some consultees submerge their discontent; others project it on others. The consultant's task is to help the consultee verbalize this dissatisfaction so that both can deal with the problem at hand. If the displeasure is directed toward service units which will be involved in the helping process, the consultant seeks to establish meaningful communication so that all may come together to deal with the issues.

Individuals and groups will move only if the proposed new situation holds promise of being more comfortable than the present and/or if they are strongly motivated to proceed with what they perceive to be a desirable direction. The degree of readiness will depend on the degree to which the consultant has prepared individuals or groups for movement.

The consultant works to help attain the objectives which flow from effective planning. Usually, this is done by asking relevant questions: "Is it possible to obtain more facts on this point?" "What will be the effect upon the administration if we adopt this procedure—how will this in turn affect our program?" "What is the relation of this idea to what we are really trying to do?" And so on. Experience indicates that some consultees become so involved in proposed changes that they lose their overall perspective. The consultant must maintain his/her objective, remind the consultee of broad goals, and be willing to raise questions of timing, relationship, and content. He/she must be aware of the total situation, where the service director is in the relationship, and the questions which help the director gain perspective, a sense of movement, and a continuing concern for goals. The consultant must accomplish these things without dampening enthusiasm, offending, or making the task or process seem unduly complicated.

As an enabler, the consultant is consistently concerned with helping the director or service unit (in the example mentioned previously) realize its potentialities and strengths. He/she seeks to facilitate the helping relationship and support new ideas. He/she may provide answers but also asks questions which stimulate insight. The enabler does not lead; he/she facilitates the consultee's efforts.

Expert. The role of expert is usually the role in which most individuals perceive the consultant. As an expert, the consultant provides data and direct advice in a number of areas about which he/she may speak with authority. There is no conflict between the role of expert and the role of guide (which is primarily one of offering direction toward goals and actions) or enabler (wherein the consultant facilitates progress). As an expert, the consultant may offer and provide research data, technical assistance, resource material, or advice on methods and procedures. The consultee may need these types of skills and information to set goals and develop an action plan. In this role, the consultant makes direct contributions to the helping relationship and the accomplishment of the work.

The consultant as expert is expected to have many skills. However, no individual can be an expert in every area, nor can an individual always meet the expectation levels held by the consultee. It is important that each consultant recognize his or her strengths and limitations and feel comfortable with referring consultees to other sources of assistance when appropriate. Such behavior is professionally sound and enhances a consultant's credibility.

For example, I think it is safe to say that most consultants in therapeutic recreation are not professional researchers. Such skill is required over a long period of time after considerable involvement in research activities. Frequently, however, the consultant's familiarity with ongoing and completed studies and experimental work in the area of concern is more important than research skill. He or she should be acquainted with projects developed elsewhere and with useful principles derived from them. The consultant has an obligation to keep abreast of the literature and utilize appropriate information in consultative work. Additionally, a consultant should be familiar with (if not expert in) the research process so that correct advice can be given and referrals made when the need arises.

The consultant must also be well informed about many subjects and able to provide technical information. He/she must know not only therapeutic recreation, but also the resources of other fields and ways of securing available help from other agencies or professions. Breadth of knowledge is critical.

Lastly, the consultant must be able to objectively assess the consultation and interaction processes and their effect upon individuals and groups.

Therapist. The last role to be discussed is consultant as therapist. The new consultant is cautioned about assuming this role because it is usually associated with direct service and can also entail providing some form of psychotherapy. However, there are times when the consultant providing individual consultation may find himself or herself offering direct service. Sometimes--primarily in the early stages of the helping relationship—being a therapist is the only way to work toward an analysis of the problem. In these cases, the consultant should try to help the consultee through discussion of a more generalized kind around dynamics and steer away from as much involvement as possible in the consultee's personal problems. This type of involvement should go no further than relieving tension and removing problem areas which block cooperative work. Thus, the consultant should possess some skills in psychotherapy or counseling; at the very least, the consultant should have considerable self-awareness and interpersonal skills.

In summary, there need be no conflict among roles; they should supplement and support rather than compete with each other. The consultant usually assumes them all at one time or another in each helping relationship. Some consultants rely more heavily upon one than another. If there is a preferred one, it is usually the role of expert.

CONSULTATION FOCUS MODELS

Consultation focus models are many and varied; but they have some common elements. They are identified according to the object of the consultation—case, administrative, program, and the like—or according to the source of the consultation request—individual, group, or agency. These models are broad, and the terms are often interchangeable.

Case Consultation. Case consultation can center on the consultee's job or on an individual who is seeking help from the consultee. Its main focus, in other words, can be either the doctor or patient—the therapeutic recreation worker or the handicapped child.

When case consultation concerns the patient or handicapped child, the immediate goal is to help find the most effective way for the consultee to deal with the individual and his or her problem. In contrast, when the consultation centers on the consultee, the main purpose may be to improve the consultee's insight and therapeutic recreation skills as they relate to problems encountered in his or her work. Readers will note that this model might also be called individual or colleague consultation.

Program Consultation. Program consultation, as the term implies, deals with programs. The problems of concern may involve aspects of planning or evaluation or the use of group dynamics within an activity or the interpersonal relationships of therapeutic recreation staff and clients. Program consultation may focus on one individual or a group. The concept of agency consultation can also be added. For example, the director of a public recreation agency may seek help in developing programs for handicapped children living in the community.

Group Consultation. Group consultation involving a therapeutic recreation staff may be directed toward several discrete ends: to increase the staff's understanding of the problems presented by children with handicapping conditions; to help staff deal with their own anxieties about handling specific handicapping conditions; and/or to give staff a better understanding of a proposed new element of service. This type of consultation is, in effect, in-service training consultation; however, it is also associated with administrative and agency forms of consultation.

Administrative Consultation. Administrative consultation may involve many factors or just a few. These factors can relate to policy, recruitment, training, operating efficiency, personnel morale or motivation, or anything else that threatens to be problematical to the consultee and affect the service unit and personnel. If the consultation is to relate to a full administrative structure, it should be made clear that jobs are not in jeopardy and that no one will be interviewed who does not wish to be. It goes without saying that information obtained is sensitive. Reports and recommendations should be made to appropriate personnel within the administrative structure.

CONSULTANT-CONSULTEE RELATIONSHIPS

In this section I will highlight some of the dimensions and problems of consultant-consultee relationships. The helping relationship or consultation process has various phases or stages; however, all phases do not have to occur in a consultation.

1. The individual, group, or agency realizes a need for help and seeks the assistance of the consultant.
2. The helping relationship between consultant and consultee is established and defined.
3. The problem is identified and clarified.
4. Goals are established; alternative approaches are developed.
5. The work plan is implemented.
6. The helping relationship is terminated.

Establishment and Maintenance of the Relationship

The need for help may originate from a variety of sources, as I have noted. Before a helping relationship can be established, the prospective consultee must be aware of a need to change and must have a desire to seek consultation. Usually there is an ambivalence about the need for help; there may also be vested interest on the part of the group or agency in rejecting problems or preventing other people from becoming aware of them.

Moreover, an awareness of a problem does not mean that there is automatically a desire for change. There must be at least some confidence in the possibility of bringing about a more desirable state of affairs. Any individual, group, or agency is likely to face a number of internal resistances when it comes to setting a level of aspiration for change. Perhaps, for example, a group or agency has already attempted several times to solve its difficulties and has met with failure on each occasion. This lack of success may lead to a defeatist belief that the system is completely incapable of dealing with its problems.

Awareness of a problem and a desire for change usually lead to an explicit desire for help from the outside if the individual, group, or agency believes that external help is relevant. The most common way for the helping relationship to begin is when a request is made for such assistance.

All of the consultant's diagnostic and helping activities--joint plans, shared experiences, and mutual expectations--occur in the context of the particular relationship which has developed with the consultee. At any given time this relationship defines the appropriate and inappropriate behavior for each member and provides the background in terms of which particular acts are to be interpreted. In a very real sense, the relationship governs the kind and amount of change which the consultee can effect.

In my experience, most consultants assume that a helping relationship can be satisfactory only if it is based upon the voluntary cooperation of the consultee. If this positive, willing attitude does not exist, the consultant should either try to develop it or decline to become involved.

The consultant who offers as bait a quick and easy solution or an attractive service is likely to find himself or herself with consultees who accept the bait but don't want anything else. If the consultant prefers to work with consultees who are motivated strongly enough to undertake a significant job of evaluation and improvement, then the consultant must let the consultee know this and what kind of a job is ahead.

One of the most crucial elements in establishing and maintaining the consultant-consultee relationship is first impressions. First impressions can play an important part in determining the future of the relationship. Most consultees attempt to determine in the first encounter whether or not the consultant is competent to work on the specified problem. Often the consultee seems to be seeking assurance that the consultant is a real expert and is thoroughly interested in and approachable about the problem at hand. It sometimes appears that the consultee wants two consultants in one: one who will identify with the consultee and the problems and needs and another who will at the same time be neutral enough to take a genuinely objective view of the problem.

Initially, the consultant usually pays a great deal of attention to clarifying expectations of the consultation, since the consultee has developed his or her own expectations. In general, it is important to outline what responsibilities will be assumed by the consultant, what responsibilities will be assumed by the consultee, and what tasks the two will do together. It is also advisable to arrive at a set of procedures and a schedule of meeting times or check points. (This phase usually results in the development of a formal or informal written contract of stated responsibilities. An outline of work is essential to successful consultation. Such a plan is a guide and may be revised at any time.)

In addition to these expectations about the consultation itself, there will be expectations and apprehensions concerning the emotional tone of the helping relationship. Will the tone of the consultation be pleasant or unpleasant? For instance, at one point during a consultation, the relationship may be characterized primarily by feelings of hostility and distrust; at another time, by feelings of admiration and even affection; and at yet another, by mutual interest in the business at hand.

Often the consultee has the profound hope that the consultant will be able to help, and, motivated by this hope, may exaggerate the assistance which the consultant is actually able to render. This exaggeration immediately fosters another one, equally as dangerous: If the consultant has so much power to help, he or she must have equal power to hurt. Thus the consultant is feared and hated even while he/she is wanted and, in some cases, loved. On the other hand, the consultee's immense desire for help may lead him/her to disparage the actual power of any particular helper: No one, the consultee feels, could do as much as is needed; therefore, anyone who claims to be able to do so must be a fraud.

Emotional reactions may enter the helping relationship in still other ways. Will the consultant take a very dominant role and encourage a dependency relationship with the consultee, or will the consultant put the emphasis on self-help? Will the consultant be concerned about matters which are private, habitual, and perhaps hidden in the unconscious, or will he or she be content with the subject of public record and conscious awareness?

Related to the dependency issue is the consultee's fear that using the consultation represents an acknowledgement of, or will lead to exposure of, inadequacy. Somewhat similarly, the consultant may be afraid that giving consultation may expose his/her lack of knowledge or other inadequacies. Such anxiety may be neurotically or realistically based. If sufficiently severe, it can significantly handicap the helping relationship.

The development of a consultant-consultee working relationship encompasses many problems in addition to those arising from the expectations of the consultation and the emotional content of the helping relationship. Among them is the problem of communicating. The consultee must communicate in a way which reveals to the consultant the type of help wanted and how the consultee views the problem. In spite of good will and a readiness to give information, many individuals, groups, and agencies, unconsciously conceal certain kinds of information which would be of help in identifying a problem. Consequently, the consultant may have to depend upon other methods to obtain information—questionnaires, rating scales, interviews, or observation. However, direct questioning is the best approach if adequate skill is used in the questioning process. Working out this type of resistance (witholding information) may or may not be possible.

Working Toward Change

One important task which the consultee must undertake is to collaborate with the consultant in diagnosing the nature of the problem. This process is likely to raise a number of problems. The consultant needs information, but how shall it be obtained? Many information-gathering avenues are available. But perhaps the heart of the matter is that during this phase the consultee is usually coping with a changing and broadening interpretation of the question at hand; as data are collected and analyzed, the problem which at first seemed simple is likely to appear or actually become intricate and multifaceted.

At this point, either particular pressure blocks within the group or agency or aspects of the consultee's personality are likely to become aware of the threat which is posed by change. The consultee may become hostile; sub-units within the group or agency may deny access to information. This is a trying time for both those wanting help and the person called in to provide it. Usually, both parties attempt to find a balance.

It is difficult for the consultant to assess the consultee's capacity to accept and use help. If suggested changes are to take place, communication lines must be opened. Naturally, it is easier to communicate when dealing with one individual—the pediatrician, for example, who is requesting assistance in suggesting activities for the specific handicapped child. The problem becomes more difficult, as I have just noted, when the consultation involves a group or agency. Therefore, the consultant must know very early in the consultation process whether or not cooperation and information will be available to facilitate making a diagnosis and recommending appropriate changes. The consultant must establish a firm connection with other individuals or units associated with the group or agency requesting help.

Other questions across the consultant's mind as he or she works with the consultee: Is the consultee motivated primarily by the desire to achieve power over others or is he or she really attempting to achieve more self-understanding and more power over matters within his/her sphere? Is a deparment or service unit seeking help motivated by the desire to achieve a more dominant position within the agency or is it truly interested in offering better service? The answers to these questions are often difficult to determine; the consultant must rely on observation, insight, and experience. What at first glance may appear to be a negative motivation, may reveal itself as legitimate and positive.

Collecting information about the help-seeking unit assists the consultant (or the consultant and consultee acting together) to diagnosis the nature and cause of the problems which have led to the request for help. The information gathering then assists in establishing goals and action. (Tharp, 1975)

Establishing Goals

Many consultants believe that insight into the cause of a problem leads spontaneously to the correct remedial actions; this assumption is not always appropriate, however. Most often an understanding of the cause of the problem fails to provide an adequate basis for establishing the direction of change. For example, a consultant may discover that the lack of therapeutic recreation program development in a pediatric unit of the general hospital is the result of inadequate operational procedures and poor interpersonal relationships among therapeutic recreation personnel and nursing staff. The consultant and consultee are still faced with the intricate problem of how to bring the groups together. There is sufficient evidence from the past to show that without some other type of intervention bringing people together is as likely to stir up more tension as it is to restore social equanimity.

Some consultants hold the optimistic belief that if the process of working out a problem has been satisfactorily completed, then the positive forces toward change which have previously been blocked will be released and the consultee will spontaneously perceive new and more appropriate modes of action. This result does occur in some cases but not frequently enough for the consultant to hold such an assumption.

The chief consideration in establishing and selecting goals is whether or not the suggested direction stated in the goals will, in fact, lead eventually to change. Some consultants feel it is extremely important that consultant and consultee agree upon immediate, realistic goals which will bring about a reasonably quick experience of success, which will launch the change program smoothly and give it impetus. Others, especially in working with service units in agencies, stress the importance of organizing their findings for clear visual presentation and encouraging discussion of the presentation. It is suggested, therefore, that immediate goals and plans are discussed in an atmosphere of openness. (Brokes, 1975)

Another way to help the consultee establish goals is for the consultant to draw upon his/her past experience in comparable situations. I can suggest no single method or procedure to more accurately describe how to help a consultee establish goals. The consultant is urged, therefore, to keep attuned to the movement from diagnostic insight to change.

In addition to the general problems associated with establishing goals, there are some specific problems which relate to the consultant and consultee, respectively. Often one of the consultant's most important jobs is to impress upon the consultee the futility of hoping for a single quick and easy solution to the problem. The consultant must encourage the consultee to think in terms of achieving a series of goals over a period of time. One might think that every consultee (primarily groups and agencies) demonstrates its intention to change when it accepts the helping relationship; this is not always true. Many factors within a group or agency may inhibit any change even after the goals have been established. In fact, as the agency, for example, achieves insight into the problem, it may acquire a burden of pessimism and anxiety which virtually blocks off constructive action to implement the established goals.

Another kind of anticipatory anxiety which develops at times is the fear of what will happen when the consultation ends and the consultant withdraws. The consultee may hesitate to make a commitment to the action suggested when there is a possibility that he/she will be without support as change occurs. The consultant may become uneasy when developing goals and action strategies; he or she may be unsure about what he/she is suggesting.

The causes for this feeling are many and varied. The consultee may refuse help, causing the consultant to wonder, for instance, if he/she really has anything to offer. Or the consultant may wonder about his/her own emotional involvement in the consultee's problems: Perhaps he/she cares too much or too little. It is also not unusual for the consultant to become disturbed because he/she becomes aware (or begins to feel) that the service unit is not being treated fairly. Occasionally the consultant may be unable to bring forth an adequate solution to the problem. In this case, experience indicates that it is best to say "I don't know" in a way that will inspire more rather than less confidence. The consultant's honesty will give this statement a good, clean impact. It usually leads to fuller communication and more productive collaboration.

Uneasiness of any kind is easily transmitted from consultant to consultee and from consultee to consultant. If left unresolved or unaddressed, it remains to plague them both.

Termination of the Relationship

The consultant-consultee relationship usually ends after the goals and procedures for action have been established. However, the relationship might end sooner if inadequate rapport blocks progress, if the problem is overly complex to be resolved in light of the consultant's expertise, or if lack of information results in only partial diagnosis. Termination may occur with both parties agreeing that the problem appears insoluble. It may also occur with a decision for future study by consultee or consultant or with planning for future consultation.

Probably the most satisfactory resolution of the relationship occurs when the interaction has been based on a mutual understanding about the length of time the relationship will last and the kind of work each partner will be expected to do. The problems which arise are, for the most part, the result of anxiety, or grief, or relief, depending upon the quality and intensity of the emotional interaction between consultant and consultee.

As the helping relationship passes through its various phases, the consultee may seek termination to regain autonomy or at least freedom from the restrictive association with the consultant. Such feelings are positive because most consultees want to prove that they can stand on their own feet and that they are capable of carrying through with the planned changes. The consultant may reinforce the consultee's pride in independence by establishing an expectation of strength and success and concurring with the decision to move toward autonomy.

It is not unusual toward the end of a consultation for the consultee to seek a closer and more dependent relationship with the consultant and to resist any possibility of a termination. Moreover, some consultants find a similar conflict within themselves; they may want to continue enjoying the emotional rewards of being in a dominant position or they may really feel that the consultee still has a lot to learn. The therapeutic recreation consultant has invested considerable effort in learning to perform a highly technical job, and much of the pay-off comes from the exercise and demonstration of his or her acquired skills. In consultation the consultant is not ordinarily permitted to perform the task for which he trained; he/she is required to help someone else do the job. Gratification must come, at least in part, from seeing someone else succeed; therefore, the consultant needs the endurance to permit another to fail at a job at which he/she might have been successful.

If the consultee has come to depend heavily upon the consultant for support and guidance throughout the helping relationship, then naturally the end of the relationship is likely to be somewhat painful or stressful. The way in which this problem is solved can be particularly important in determining how effectively the consultee will incorporate the suggested changes. An effective way is to train the consultee in problem solving techniques. Another is to collaborate with the consultee in the process of diagnosis—participating actively in gathering and interpreting data so that both members of the partnership work toward an understanding of what the problem is and how it should be remedied. Sometimes this is an effective technique in reducing resistance to change; however, its major value is that it affords training in problem solving which will serve the consultee in the future.

In our world of rapid changes and growing complexity it seems rather unrealistic for the consultant or consultee to think that after a brief period of professional help no more problems will develop; it seems safe, in my opinion, to say that help of some kind will be needed from time to time. Therefore, it is certainly proper to teach the consultee to adopt appropriate attitudes toward seeking outside help. Consultees need to know, in general, what kind of help is needed for different kinds of problems and where it can be obtained. The consultant should discuss his/her availability for assistance in the future in a way that avoids creating a dependency relationship and point out to the consultee how to go about finding other kinds of help.

In summary, consultation is viewed as an interpersonal relationship in which giving and taking occurs in an atmosphere of permissiveness. The emotional interaction between consultant and consultee is a prominent determinant of the effectiveness of the relationship, and reactions to the dependency and authority aspects of the relationship should be thoroughly understood.

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Child Advocacy

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Dr. Tompkins has furthered the mission of the child advocacy movement through his positions with various North Carolina youth-serving commissions and U.S. Office of Education programs. From 1970-71, he served as Vice-Chairman, Joint NIMH-BEH Planning Committee on Child Advocacy (U.S. Department of Health, Education and Welfare). Dr. Tompkins' professional writings, consultative activities, and long-standing civic and political involvements have established him as a respected authority on child advocacy.

Editor's Note:

Dr. Tompkins summarizes the evolution of the child advocacy movement in the United States and presents a strategy for the therapeutic recreation consultant to use to enhance leisure service delivery to handicapped children and youth. Readers should note that Tompkins' approach is expansive and may be beyond the capability of most communities at the present time. However, it illustrates what "might be" and serves as a framework within which to mobilize a long-range advocacy effort.

The priorities which conclude the paper are being addressed in various ways across the country by grass roots personnel and the National Therapeutic Recreation Society. A consultant's involvement alone is not sufficient to accomplish what needs to be done; it is important that therapeutic recreation and community recreation personnel in all service sectors unite to further the advocacy mission.

Advocacy in therapeutic recreation extends far beyond the approach presented in this paper. Consultants and direct service personnel may become involved in a variety of activities to stimulate public awareness of disability and the benefits of participation in leisure activities by handicapped children and youth.

The therapeutic recreation consultant as advocate is also addressed in "Therapeutic Recreation Consultation: A Component of the Leisure Service Delivery System," which appears in Expanding Horizons IV (University of Missouri-Columbia, Department of Recreation and Park Administration and the Extension Division). A bibliography at the end of the article includes additional references. Readers are encouraged to become familiar with Citizen Advocacy and Protective Services for the Impaired and Handicapped, a definitive exploration by Wolf Wolfensberger and Helen Zauha. This pioneering work is published by the National Institute on Mental Retardation, Toronto, Canada.

The advocacy movement which emerged in the late sixties to dramatize the needs of children and youth appears to be conceptually related to but independent of other social movements (civil rights action, women's liberation, and consumer protection). The advocacy movement provided an opportunity (frequently the first opportunity) for professional organizations across the country to voice the concerns, problems, needs, and aspirations of their constituents.

Recently within the leisure service delivery system, personnel have become more intent upon (and militant about) expanding the national consciousness with regard to the recreation and leisure needs of ill, disabled, and handicapped populations in institutional and community settings; visibility is viewed as an important catalyst for obtaining the financial, administrative, and legislative support required to improve service delivery.

It appears appropriate and highly advisable that the leisure service professions—in particular, the therapeutic recreation service field—become acquainted with the achievements and on-going programs within the child advocacy movement and formulate similar strategies to achieve change. It is in light of the increasing concern for the recreation and leisure needs of all people that the contemporary child advocacy movement is discussed. The principles, values, concerns, and processes of child advocacy are neither alien nor inappropriate to the work of therapeutic recreation service personnel. I hope that the frame of reference presented in this paper will enable the initiation of advocacy programs for the children and youth who require special recreation and leisure services in clinical and community settings.

HISTORICAL PERSPECTIVE

The Joint Commission on Mental Health of Children (JCMHC), which represented (and continues to represent) the interests of child health, education, and development, stimulated national interest in child advocacy. In the beginning, JCMHC reporting was received with mixed emotions. After much study, considerable activity was generated within the U.S. Department of Health, Education and Welfare (HEW) to respond to the concerns and issues raised by those who sought to protect the rights and promote the interests of young constituents.

Dr. Reginald Lourie, former Director of Psychiatric Services for Children at Children's Hospital (Washington, DC), and his brother Norman Lourie, then with the Pennsylvania Department of Social Services, led the effort to keep the Commission's recommendations on child advocacy alive and visable within HEW and national professional offices in the metropolitan Washington area. Reginald Lourie continues to serve as President and Chairman of the Joint Commission, a position he has held since the 1960's.

Joint Commission on Mental Health of Children (JCMHC)

The 1969 Report of the Joint Commission submitted to Congress addressed several issues relating to child advocacy. It stated that the focus of child advocacy in the community should be upon the development of commitment by various community groups to the concept of advocacy and acceptance of precise roles as a result of that commitment. However, community power structures were suspect of child advocacy because it might have meant sacrificing what they saw as important policies, procedures, and resources. Often, politicians did not wish to identify with or support child advocacy because national, state, and local legislation and regulations did not provide an adequate mechanism for implementing child advocacy strategies. Before state governors and city mayors would be secure and willing to support child advocacy, laws needed to be changed. All legislation dealing with human service delivery to children and youth needed to be amended to increase the benefits to this group and support the development and implementation of child advocacy. (In many respects, these circumstances still exist.)

In 1970 at a meeting with HEW Office of Child Development personnel, Norman Lourie stated that money was not the central issue in the development and implementation of child advocacy programs; however, financial support could conceivably cause difficulties. For example, if a federal or state agency were to provide funds to one community agency to create or improve a service but not allocate funds to similar agencies, the unsupported agencies might be alienated and cause a break in the advocacy role the community purported to establish. Therefore, as a general rule, it was recommended that funds from existing programs be utilized to support advocacy.

The Joint Commission recommended that states produce a child advocacy plan which would conform to relevant federal legislation. If the state plan did not conform, funds would not be available to that state to participate in the program. Since there was (and still is) little legislation to support coordinated activities for children, federal and state agencies needed to agree upon and affirm the concept of child advocacy and establish pilot programs to precede the development of legislation.

Lourie suggested that federal and state agencies view child advocacy as the process of developing facilitating structures to connect children and child-serving agencies; the agencies would assume responsibility among themselves to develop these structures on a planned, coordinated basis. The implementation of this approach would ultimately assure that all children in need would receive maximum attention from available resources. Once the broad national-state framework were established, the local (community) thrust would be to obtain commitment to the goals of child advocacy from community groups and agencies serving children. They, too, would embark upon a coordinated service delivery pattern with specific responsibilities.

The Joint Commission Report suggested that child advocacy could be understood in a similar manner. Within a geographic area there were existing service delivery systems mandated by legislation to insure that children had access to and received services they needed. However, not all children in need were served. The Report stated that child advocacy systems should connect children outside the delivery system with the service providers, who would then assume responsibility among themselves to continue these services on a cooperative and coordinated basis. Federal-state-local interface would enable these sectors to operate as part of one delivery system. All agencies and their delivery systems needed to become better organized to pursue the development of child advocacy programs. In addition, there was a need for an agency outside the cooperating agencies to hold the service providers accountable to all children.

Wolfensberger

In February 1971, Wolf Wolfensberger presented his perspective of advocacy to a small group of JCMHC and HEW representatives. His presentation is highlighted here.

Wolfensberger described two types of relationships that people maintain or exercise with each other—"instrumental" and "expressive." Instrumental functions relate to the practical problems of everyday life and are generally of a problem-solving or task-oriented nature. Expressive functions involve mutual affection between people and reflect and meet deep-seated and essential emotional needs. Advocacy involves the determination of a child's (or children's) instrumental and expressive needs and the development of strategies to meet them. Advocacy might imply the assumption of an expressive function with deep emotional commitment and/or the assumption of an instrumental function to work out a problem of life or living. This distinction between expressive and instrumental relationships is an important one since the relationship generally maintained between systems and institutionalized children can be characterized as primarily instrumental; expressive needs are, therefore, often unmet.

Wolfensberger defined citizen advocacy as "a mature, competent citizen representing, as if they were his own, the interests of another citizen who is impaired in his instrumental competency, or who has major expressive needs which are unmet and which are likely to remain unmet without special intervention." The mandate of the advocate, therefore, is to use culturally appropriate means to meet the instrumental and expressive needs of the impaired person. Advocacy should be pursued in a manner which minimizes conflicts involving the advocate, the person assisted, and the individuals or agencies involved. It should not be exercised by agencies or persons acting in professional roles; the most desirable advocates are competent citizens, free of vested interests.

According to Wolfensberger, there are several forms of advocacy:

- Generic—wherein an individual serves as an advocate for an entire category of people (e.g., the handicapped).
- Corporate—wherein a group with some legal and/or professional identity (e.g., National Recreation and Park Association) serves as an advocate for an entire category of people and a certain type of service.
- Dispersed—wherein several people share advocacy functions and responsibilities for one person.

- Multiple—wherein an individual, family, and small group advocates for more than one person.
- Crisis—wherein an individual or group assists a person who needs immediate and extensive time and attention in a crisis situation.
- Youth—wherein a mature youth assumes an advocacy role for another youth in need of assistance.

Tracy and Gibbins

In a paper prepared for the 1971 White House Conference on Children, Tracy and Gibbins indicated that child advocacy emerges from the position that services directed to children are really oriented toward (or reflect the interests of) the child-serving agency itself. This means that services ostensibly provided for the good of children are actually planned for the good of the agency to promote or expand a particular professional bias or to obtain funding. Frequently, programs are offered to avoid or evade a problem; personnel label a child and isolate him or her in institutions or refer him/her to other agencies without significantly providing assistance.

According to Tracy and Gibbins, advocacy should revolve around service delivery systems most closely related to children—medical, social-welfare, education, and legal-correctional. Child advocacy action should relate to the systems and their structures (neighborhood, city, state, etc.) and form a thread which unites all child-serving agencies at all structural levels.

The White House Conference paper presented child advocacy in terms of functions and the ways in which control is maintained over the outcomes of children's programs. For example, advocacy may serve an adversary function when there is direct confrontation with policies, procedures, and people that impede the maximum growth and development of children. There is also the policy-influencing function which attempts to change attitudes, philosophies, policies, and procedures within a service agency to create greater responsiveness to children's needs. Advocacy models (adversary, influential, etc.) might adopt certain approaches to distributing and maintaining control: (1) utilization of existing professional sources, (2) redistribution of responsibility and authority within or between agencies, and/or (3) establishment of a new authority external to the agencies.

Joint Planning Committee, BEH-NIMH

In the summer of 1969, the Bureau of Education for the Handicapped-National Institute for Mental Health (BEH-NIMH) Committee began an effort to develop an improved method for meeting the needs of emotionally disturbed children in the home and the community. In early discussions, the nature of the school milieu and educational system was a major focus. Committee objectives were established to create an interagency approach which would result in increased sensitivity at the community level to reduce the isolation of children from their regular environment; that is, to reduce segregation and encourage integration.

The Committee then solicited reactions to a series of position papers (prepared by James Tompkins and Wilbur Lewis) which conceptualized a child advocacy system using the neighborhood school as a focal point. The concept of ecological planning and its implications for educational programs for emotionally disturbed children were outlined. In summary, the approach called for the creation of a school-based advocacy system providing "effective immediate intervention in difficult child-environment transactions and for developing a design for new arrangements that fit children and their environments." This school-based approach was to involve (1) the public school(s), (2) the families of children served by the school(s), and (3) the community agencies which intervened into or influenced child environments.

Next, the Committee recommended joint support for several model child advocacy proposals. From March until August 1970, the Committee developed a letter inviting proposal applications. During this period it shifted its emphasis from an essentially school-based approach to a community or neighborhood advocacy system.

In late 1970, BEH and NIMH decided to stimulate the development of a few school and neighborhood child advocacy demonstration programs, which were to strengthen the neighborhood's resources and capabilities for facilitating optimal development of children. The foremost goals were to (1) improve community resources and the delivery of services necessary for the emotional, social, and educational development of all children in a neighborhood and (2) improve the environmental systems for children presenting behavioral or developmental problems.

In general, BEH and NIMH wanted to develop child advocacy programs that would:

- Insure that all children in a designated area have access to human services available in the community.
- Identify needed (but unavailable) preventative and direct service and mobilize resources to initiate them.
- Evaluate and improve the effectiveness of children's service both by formal research and by participation of parents and interested community members in decision-making affecting the initiation of programs or modification of old ones.

The BEH-NIMH Joint Committee saw the creation of a child advocacy board as an essential component in the development of the child advocacy movement. This board, whose membership would represent children's interests, would have policy making responsibilities in conjunction with representatives of the community, including parents and residents as well as professionals. The Committee supported the development of experimental child advocacy systems based on and/or focused around the public schools and agreed to adopt the following objectives:

- Develop programs that encourage the community, family, and schools to maintain children in their regular environment.
- Develop identification, monitoring and/or tracking systems for children in a coordinated community-based operation.
- Develop and build in the community, family, and school greater support of and responsiveness to deviant children.
- Utilize treatment and educational approaches of residential/hospital programs and special education only when necessary. When such services were necessary, programming would maximize their value and facilitate the child's return to regular settings. Normalization should be dominant in the treatment-education design.

- Develop new academic programs to train educational personnel to assume new roles in implementing the identification and monitoring systems.
- Develop programs to accommodate children with a wide range of problems (up to eight years of age, but not excluding other age groups).
- Research and evaluate programs.

More specifically, the inter-agency effort was to include the support of community mental health center personnel and public school systems and attempt to:

- Increase sensitivity to why and how children are isolated from their regular environment and take steps to reduce this isolation.
- Increase assessment of programs that isolate children from their regular environment and develop successful strategies for returning isolated children to their environments.
- Track and monitor children and sensitize environments to continue to maintain them.
- Increase community, family, and school support for maintaining children in their regular environment.

Child Advocacy and the Department of Health, Education and Welfare (HEW)

On October 6, 1970, several agency heads from HEW and/or their representatives met to discuss the implementation of the recommendations contained in the Report of the Joint Commission on Mental Health of Children (JCMHC). Dr. Reginald Lourie, JCMHC President, and Deborah Kramer, JCMHC Executive Director, represented the Commission. The matter of particular importance was the Commission's recommendation that comprehensive child advocacy programs be established to involve all levels of government and private enterprise.

The group examined whether advocacy programs have the potential for improving children's services, making communities more responsive and responsible, narrowing the gap between the scope and quality of services available and those required, and increasing agency accountability. Group members felt that advocacy did have great potential since it represented a way of securing sophisticated evaluation of current practices, meeting the needs of parents and the public for objective information, promoting cooperation among service programs, and encouraging community responsibility and agency accountability.

According to those attending, child advocacy was adequately defined within the JCMHC Report. The advocacy proposal was the mandate for a reordering of national priorities and involved (1) adequacy of services and service delivery, (2) community responsiveness, responsibility, and accountability to and for children, and (3) involvement of both public and private sectors. First, there was the need for planning and program. The nature of children's needs was to be identified and necessary and appropriate resources determined. On-going children's programs might be utilized, but there was a need for better planning and cooperation. Second, there was the need for new ideas, improvement of existing practices, and more responsive methods of intervention. Third, there was the need for continuing evaluation of children's services, which called for studying the effectiveness of programs and services and assessing the resources of the community—the way they worked together and the degree to which they utilized the best available practices and knowledge. Fourth, there was a need to assure the legal rights of children, including the right to be treated properly physically and psychologically.

National Institute of Mental Health

Soon after his appointment as Director of the National Institute of Mental Health (NIMH) in June 1970, Dr. Bert Brown indicated that the Institute's highest priority would be mental health programs for children. He created the NIMH Committee on Child Mental Health in September of 1970 to review the Institute's programs for children and recommend and expand services. The Committee included a subcommittee on child advocacy, which subsequently has formed the basis for the current NIMH position to encourage inter-institutional cooperation in developing and providing services to children and their families through child and family advocacy programs.

The subcommittee on child advocacy recommended the study and implementation of methods for developing and exercising advocacy functions in existing programs such as community mental health centers, school systems, and other human service agencies as well as in programs/agencies independent of the human service system. It was recommended that training programs be initiated to prepare personnel to assume child advocacy roles and that these training programs be developed at all levels of government and in mental health centers and academic institutions. It also recommended the development of teaching materials and curricula for child advocacy training.

The subcommittee members pointed out that children and young people have few means available to them to exert leverage upon those institutions which have an impact on their growth and development. While most other American population groups have at least the potential of creating advocates for themselves, children do not. Members of the subcommittee also stated that there was evidence that the well-being of the child is highly related to the well-being of the family, an observation which implied a need for including the family in an advocacy program.

The family-child advocacy program approach was defined as a consumer-controlled outreach system with two major objectives: (1) to obtain more responsive, adequate, and effective service from child and family service agencies and (2) to develop the strengths, skills, and initiative of families and communities to solve their own problems. This approach was to include an analysis of the needs of children, families, and the community and the development of a system of human services; it would foster family-centered preventive mental health programs. The family-oriented program would be developed and directed by the citizen council. The director—an employed, qualified professional in human services—would employ a staff of family and child consultants to work directly with families. The director and staff were to serve as advocates for the families and children in the relationships they established with service agencies and collaborate with these agencies to improve delivery of required services.

In the second recommended approach—the community advocacy system—professional or nonprofessional personnel identified as "child mental health advocates" would serve in child-serving agencies (health, mental health, education, recreation, criminal justice) as the agencies' "conscience" in relation to children's needs. The advocates would attempt to change policy, procedures, and practices within the agencies and improve coordination among them. They would obtain sanctions and use as their base the community mental health center, mayor's office, or the health and welfare council.

Finally, the NIMH subcommittee recommended that child advocacy programs be instituted at state or regional levels. This approach was analogous to the approach suggested for communities. The thrust for advocacy at the state level might come from the governor's office through the state mental health authority, with the intent of changing policy, procedures, and practices of various child-serving agencies within a state to better serve children.

White House Conference on Children, 1970-71

On July 1, 1971, Jean Reynolds, Office of Child Development, summarized suggestions about child advocacy from the proceedings of the White House Conference on Children. Reynolds indicated that seven of the 25 forums offered recommendations concerning the creation of an advocacy agency for children. Other recommendations were made about federal organizations for children and neighborhood centers.

The White House Conference recommendations suggested a variety of ways of furthering child advocacy—from continuing the Children's Bureau's involvement to establishing a federal department of children and youth, which would include a national advisory council on child advocacy. The proposed federal agency would have the responsibility for directing a national program of child advocacy involving state and local agencies and organizations.

Two major themes were apparent in the Conference recommendations: (1) that the needs of every child be assessed and met and adverse conditions affecting children be removed and (2) that the "voice of children" be heard in the highest levels of government.

The main objectives of an advocacy agency at any level of government would be to:

- Insure that all children's needs are known and met.
- Create a united attack on areas of special concern.
- Work for legislative, judicial, and administrative change which would bring about permanent rather than temporary improvement of children's circumstances.
- Contribute to the improvement of existing services and to the development of new resources.
- Bring about better coordination of services.

To achieve these objectives, a national child advocacy office would:

- Delineate the needs of children and youth and their families.
- Develop national priorities and policies that pertain to children.
- Advise on children's needs and rights.
- Promote solutions to problem conditions.
- Represent children's interests in the determination of policies and programs and the allocation of resources.

- Coordinate efforts and serve as a catalyst.
- Encourage youth and adult (consumer) participation in the development of programs and the delivery of services.
- Develop programs for implementation of the recommendations emanating from the White House Conference on Children.
- Finance and direct a nationwide advocacy system.

The White House Conference suggested that the director of the advocacy office be either a Cabinet member (or a person directly responsible to a Cabinet member) or a chairperson of a presidential council or commission responsible to a Cabinet member and that the agency receive both federal and private funding. Those involved should represent ethnic, cultural, and racial groups and should include parents and youth. The advocacy office should be a coordinating agency, perhaps housing an interdepartmental committee to address all issues related to children in the Executive branch of government. Similarly, state advocacy offices should be developed and associated with the governor's office.

The White House Conference also recommended the development of local neighborhood and community advocacy boards. The membership of the boards (to be decided by the citizens) would determine children's needs and recommend services. The major role of the boards would be to marshall public opinion, cooperation, and influence to develop and implement changes for children in need.

Another Conference recommendation concerned individual advocates who would provide information and refer those in need to resources. Such persons would provide a supportive relationship to enable persons to use resources and would intercede on behalf of the child when necessary and represent his/her interests or see that they are represented. The advocates would be based in a neighborhood or community. While they would work in behalf of individual children, they would also be the spokespersons for them and their needs as a group. Both the advocates and the board would work for needed community and institutional change and for the creation of essential resources.

The advocate was seen as a champion of children and a generalist, who attempts to achieve maximum use of existing community resources and avoid duplication of effort. The agency sponsoring the advocates might provide backup specialists such as lawyers and physicians. The advocate would work in concert with parents when possible, but would never usurp their rights or responsibilities.

The emerging national concern for the development of child advocacy programs is clear, and the forum for child advocacy activity has been the U.S. Department of Health, Education, and Welfare. The issues identified in this historical overview represent the concern, interest, and activity since the late 1960's. More action is certainly needed to spur the further development of child advocacy. Hopefully, the past efforts augur more activity in the 1970's on behalf of children and advocacy programs for children.

CHILD ADVOCACY: DEFINITION*

There are many different manifestations of child advocacy and many different frameworks within which it can be viewed. Among other things, child advocacy is an emerging social movement with increasing significance for the public and the professional and political communities. Child advocacy is becoming an important aspect of the general registration of concern for the welfare and human rights of children: legislative—better laws to serve the constitutional rights of children; judicial—confrontation of those conditions which are in violation of existing law; environmental—improvement of the human social environments of children; and economic—achievement of equity and accountability in the distribution of resources.

To date, child advocacy has been primarily committed to the ethic of freedom as expressed as a right of a child to be free to grow and have access to the resources necessary for that growth, including protection from impedance. Child advocacy has also provided a forum for articulating the ethic of individualism which has been expressed principally as the commitment to finding ways to insure that the ownership of life choices rests with the child and the family and not with the service delivery system or bureaucracy. Both the ethic of freedom and the ethic of individualism have had great difficulty finding expression in existing social arrangements. The issue of child as responsible citizen has not been ethically or conceptually resolved. This resolution is complicated by the social and psychological dependency of children in American society.

Individualism and the right of a family to determine its own destiny have not been reconciled ethically or legally with the fact that some parents are psychologically and physically abusive to their children. Here in basic conflict are the child's freedom to grow and the parents' freedom to make decisions about their children, including those that are fundamentally destructive. The family's right to privacy makes it extremely difficult to learn about the realities which surround the child. (This lack of continuous ecological data poses problems for contemporary theories of child development and deviance as well as for advocacy.)

The child advocacy movement is evolving at many different levels and in many different environments. It is extremely interesting and reassuring that much of the discussion about and commitment to advocacy as a movement for children is occurring within the bureaucracy as a kind of implicit commitment to renewal and relevance. The multifaceted and multiform nature of advocacy at this point, however, makes any systematic analysis of the issues very difficult, a situation which has encouraged considerable ambiguity in the development of advocacy programs to confront the issues.

While premature analysis or closure would most likely stifle much of the existing creative energy flowing into the child advocacy movement, there does need to be a quasi-systematic attempt to rather carefully articulate the conceptual substructures of advocacy. While child advocacy is not the domain of science, neither should it be immune to the well-developed tools of science. In some respects, child advocacy might provide some conceptual leverage for the renewal of the territory of science itself.

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*Contributed by Dr. James Paul, University of North Carolina, Chapel Hill

At present, there are numerous definitions of advocacy, each of which has certain values and some utility in the particular system in which it is used. Most of the existing definitions take their meaning from the contexts in which they are used. This relativity is part of the difficulty one runs into when trying to respond to the question, "What do you mean by child advocacy?" The existing definitions need to be examined carefully and the relationships between them assessed. The analysis of the conceptual meaning, the use of the term, and the perceived function of advocacy in different systems would provide some basic information about the movement itself and some insight, for example, into the basic issue of service vs. advocacy.

Another basic area of analysis involves the assumptions made in the definitions. What are the assumptions made about child growth and development, about deviance, about needs, about children? There is currently some work being conducted in the area of the conceptual bases for viewing child variance. The analysis of the assumptions about children made in the definitions of advocacy would assist in the larger enterprise of theory development.

Another aspect of the analysis deals with the goals expressed in the advocacy movement. Those statements would vary within and among legislative, judicial, environmental, and economic concerns. Obviously, a better understanding of the goals of advocacy—as those goals are expressed by and in different systems—would provide basic information about the structure and direction of the movement itself. The analysis of the goal statements, assumptions, and definitions would represent the preliminary steps of generating some tentative working hypotheses about advocacy and dealing with the basic research questions. At this point, it would be possible to shift from a use of the tools of philosophical analysis to the use of some of the empirical tools of science.

It is also important to analyze the procedures now associated with child advocacy. Child advocacy activities are proliferating at a rather rapid pace, and analysis in this area will be a significant undertaking. The evolution of advocacy, however, as a set of procedures (entry into a system, survival in a system, confrontation, adversary, etc.) must be brought into some kind of systematic understanding so that the procedures can be analyzed and improved over time. Procedural issues obviously are related to the particular area (legislative, judicial, environmental, economic) in which they are articulated and practiced.

Such an investigation is a major and essential task at this point in time if there is to be some common understanding of and order to the advocacy movement. It is from this perspective that we can gain access to existing models of advocacy and, more importantly, develop the data that will assist in generating new models of advocacy. Data would provide a better understanding of what evaluation means as it relates to advocacy and assist with the basic issues that are now beginning to emerge (e.g., the behavoristic values of most evaluation methodologies vs. the rights of children). How do we deal philosophically and programmatically with the conflict (if there is one) between the values of behaviorism and those of humanism? The current values may be betrayed in the absence of personnel whose job is to humanize the environments of children. We have an overabundance of "specialists" in manipulating children.

THE NATURE OF CHILD ADVOCACY

Advocacy is a call for reordering priorities. Meeting all the needs of children will, in fact, be costly; but this country has the wealth, the resourcefulness, and the human resources to do the job if the decision is made that children come first.

Any decision to embrace child advocacy has three important overall implications. In the first place, it means that the major evaluative criterion in the area of service delivery for children is adequacy, as contrasted with the present pervasive and characteristic insufficiency. It means improvement—not just marginal improvement, but overall adequacy in all respects for all children, not just the favored or the disadvantaged. The criterion of adequacy permits neither temporizing nor compromise.

Second, advocacy calls for community responsiveness, responsibility, and accountability. Neither the child nor the youth is able to know whether he or she is receiving adequate services or living in an optimizing environment; few parents can make these judgments. Even fewer of them are able to deal with the bureaucracy in a way to produce adequate services for their children even if they can define them. It is the community's responsibility to be responsive to the total needs of children, to work toward meeting these needs through both public and private efforts, and to hold those with obligations accountable in terms of excellence and adequacy.

Third, it is clear that the achievement of adequacy and responsiveness must involve both public and private resources. It must involve the federal, state, and municipal governments. One of the major problems is determining the division of labor.

It is obvious to many that the needs of children are not being met. It is also clear that the infusion of more money and effort into delivery systems is not sufficient in itself to improve existing circumstances. Something else must be added. Someone must be responsible for the continuing assessment of children's needs, for evaluating the adequacy of the community's performance, and for setting goals and schedules. This someone (or group of people) should not deliver services; however, he or she (or they) should be concerned with the delivery of services and be knowledgeable about them. In other words, time and attention must be given to advocacy for children—from spotting inadequacy to proposing how the jigsaw puzzle of services can be put together to produce results.

It is not enough to have a variety of services, parallel operations, and a molecular approach. Adequacy means uniformity, not islands of excellence and pockets of neglect and irresponsibility. Thus, advocacy must be exercised at all levels of government; it is one of the tasks of the advocate to work out and arrange the division of labor horizontally at each jurisdictional level and vertically among the various echelons. The private sector must be similarly covered. Advocacy becomes, therefore, a way of getting the job done, of measuring progress, of determining new needs and new approaches. Dependence upon fortuitous arrangements can no longer be tolerated.

Advocacy: Guiding Principles

- Every segment of the community should be actively involved from the start in the advocacy effort because:
    - Each segment has certain resources that only it can contribute.

  - Active involvement of all segments reduces hostility between and among different segments and prevents ownership of the advocacy effort by any single segment.

- Each segment of the advocacy movement should organize itself into a discrete unit whose members can:
  - Meet with one another to discuss common problems and concerns, find solutions, and, when necessary, present a united front.
  - Coordinate their efforts to reduce duplication, overlap, waste, and competition and increase the effectiveness of their service efforts.
  - Assist other segments of the community in their service efforts.
  - Monitor the program efforts of the other segments of the community and intervene, if necessary, through formally established communication channels.
- Representatives of each segment of the community should meet regularly to:
  - Identify and investigate all areas of concern regarding the well-being of the constituency in the community and work together to solve the problems and meet the needs of the constituents.
  - Share expertise and resources.
  - Coordinate all service efforts in the community.
  - Increase communication, trust, and cooperation among the different segments of the community.
  - Act together as a strong, united force to advocate the needs of the constituency at a statewide level.

ADVOCACY AND THERAPEUTIC RECREATION

In the development and implementation of local and state advocacy programs for therapeutic recreation, the majority of advocates should be selected from parents and professionals at the local and state levels. There should also be representation of the professional and helping services. This strategy will avoid conflict of interest to the greatest extent possible. The allegiance of the advocates will be to the consumer and not to the service delivery system.

To assure the advocates' political clout, advocacy at local and state levels should be allied with individual attorneys, groups of attorneys, and specific political offices of governors, state and local attorneys general, and leading congressional figures.

The organizational levels of the advocacy structure should be operated cooperatively in an attempt to minimize bureaucratic procedures by building into each system both fiscal and personnel management authority to the extent possible. The goal is to achieve maximum responsiveness to local needs. Local and state advocacy organizations would provide the bases for consultation, training, and program development.

The experimental advocacy programs will define the roles and functions of its advocates to insure that their activity is catalytic and achieves institutional change. For example, some advocates will work with families and children, some with schools, and some with institutions. Some will work as lobbyists and ombudsmen. All will work cooperatively in teams.

Generally the advocacy movement would focus the power at the local level, simplify funding procedures, develop groups/councils of advocates from parents and youth, create adequate professional assistance at all levels, utilize funding for local and state projects to provide incentives for community and institutional change, and emphasize accountability components to all levels of advocacy councils and commissions.

THE THERAPEUTIC RECREATION CONSULTANT AS ADVOCATE

The therapeutic recreation consultant may serve an important role in therapeutic recreation advocacy. He or she comes into contact with service providers, government officials, consumers, and other individuals who affect the provision of recreation and leisure services to special groups. Further, the consultant has access to resources and communications media which are essential to an advocacy effort.

The following advocacy program may be coordinated by a consultant or handled in another manner. Readers are invited to consider the objectives and personnel required to undertake the tasks in each phase to see how the program—even in part—might be initiated in their communities.

The advocacy project should be divided into three phases, some elements of which will continue throughout the life of the program. Phase one includes assessment of needs, evaluation of resources, mobilization of agency personnel to respond to unmet needs, and dissemination of information about available services. Phase two concerns community organization, including the mobilization of human resources and the coordination and mobilization of community resources. Phase three involves intervention for change in the operation of systems and the provision of necessary direct services.

PHASE I

A. Objectives

- Identify and analyze the primary environments which affect the delivery of therapeutic recreation services.
- Identify families and children with problems which adversely affect their well-being.
- Inform families of available services.
- Encourage utilization of services.
- Evaluate service delivery.
- Evaluate the effectiveness of existing resources.
- Inform the advocacy council of community needs which cannot be met through existing agencies.

B. Methods

A trained team of paraprofessionals and community coordinators will be required to carry out the following tasks. Coordination (perhaps by a consultant) is required. Task 1 will be performed by a research team; tasks 2-5 by paraprofessionals; and task 6 by the community coordinator.

1. Analyze the primary environments: (a) homes and households; (b) neighborhood or, within the inner-city, the streets; (c) schools or playgrounds; (d) intervening forces such as churches; health and welfare agencies; recreation agencies; police and corrections agencies; etc.
2. Canvass the neighborhoods to identify problems.
3. Inform the families of specific services available and assist them (often escorting them) to utilize the resources.
4. Through home visits and follow-up activities, confirm the delivery of the needed service.
5. Report the results of the investigations--service rendered, time involved, and the relative diminution of the need.
6. Compile records into a report which will be presented to the advocacy board.

PHASE II

A. Objectives

- o Evaluate the effectiveness of existing resources.
- o Identify preventive and direct services that are needed but not available.
- o Involve community groups in the evaluation of services.
- o Involve agencies in the evaluation of needs and resources.

B. Methods

1. Hold meetings with team members to review, evaluate, and analyze data gathered from canvassing completed before and after contact with the agency.
2. Convene community groups and/or leaders in small groups to discuss service needs.
3. Hold workshops for agency directors to begin coordinating agency services.
4. Meet with the advocacy board to review information gathered.

PHASE III

A. Objectives

- Identify the deficiencies in service focus and delivery as a first step toward restructuring agencies.

- Formulate new agencies to meet unmet needs.
- Seek the coordination and implementation of Phase III.

B. Methods

1. Communicate with service agencies, urging them to set new priorities for the delivery of services and new standards for the improvement of services.
2. Recommend the creation of new programs to meet unmet needs (to be accomplished by advocacy board).
3. Continue information dissemination to the community through personal contact by paraprofessionals.
4. Coordinate and implement Phase III through interdisciplinary and interagency seminars and include citizens.

One of the major thrusts of the advocacy program will be to bring together in a consortium a wide range of community forces and agencies to focus on the problems and needs of children at the neighborhood level. At the outset, however, it is proposed that three organizations take basic responsibility for initiating the development of the consortium. Subsequently, as the program is put into motion, the involvement of a wide range of agencies should be sought, including local mental health agencies, public welfare agencies, police and corrections agencies, neighborhood organizations, and others. The staff will include the advocacy program director, community coordinator and paraprofessionals.

The director, (preferably) a therapeutic recreation consultant, will administer the program and have primary responsibility for all personnel. He or she should share in decision making affecting policy and planning for new programs and share with an advocacy board the responsibility for evaluating existing programs. He or she should also contact child-serving agencies and advocate modification or expansion of services or restructuring of the agency. Provision of in-service training for professional and paraprofessional staff is also important. The director will coordinate other aspects of the effort and work with small groups of concerned citizens and target population clients.

The community coordinators should be college graduates with course work in therapeutic recreation and the social sciences and have some knowledge of the characteristics of the type of community (urban, suburban, rural) they are working in. They will supervise paraprofessional personnel and assess problems of children not referred to existing resources (medical, educational, legal, financial). They will also assess resources and areas of need by age and grade level and take responsibility for certain grade levels in all participating schools. In addition, the coordinators will schedule periodic conferences with paraprofessionals to share case load management and evaluate their work. They will also confer with the director on a regularly scheduled basis and assist him/her as necessary.

Paraprofessional personnel should have a high school education and be indigenous to the target community. They will act as home visitors to inform families of the existing services and to identify needs of families.

PRIORITY 1: DEVELOPMENT OF ADVOCACY COUNCILS FOR THERAPEUTIC RECREATION

Need

A conceptual and structural umbrella program (parent council) under which to examine and resolve a variety of problems related to the provision of better services at the local level.

Goal

Development of local advocacy councils in cooperation with parent, civic, youth, and professional groups throughout the designated area.

Ultimate Benefits

Creation of support structures closely related to home, community, and school activities through a neighborhood, community, or county advocacy system that will facilitate the child's acquisition and application of skills to maximize his/her potential. Support of the development of an environment within neighborhoods, communities, and counties that is supportive of and responsive to children's needs.

Strategies (for parent council)

A. Administrative

1. Review literature and legislation and consult with persons within and outside designated area who are currently engaged in research, conceptualization, and application of advocacy principles to develop models and procedures for establishing local advocacy councils for therapeutic recreation.
2. Contact and meet with parent, civic, and professional groups who, through survey, express interest in establishing local advocacy in their respective districts.
3. Develop a speaker's bureau comprising interested parties who could be called upon on a rotating basis to fill speaking engagements throughout the designated area to increase awareness of advocacy for therapeutic recreation.

4. Organize a conference to (a) review procedures for establishing advocacy councils for therapeutic recreation and (b) develop an association of local advocacy councils that will serve as a vehicle for communicating, exchanging ideas, planning, and sharing resources and expertise among the different local advocacy councils for therapeutic recreation.

B. Programmatic

1. Assist local advocacy councils to (a) identify individuals who are not receiving needed services; (b) provide data indicating how service denial occurred and disseminate the information to the community, as a first step to developing remedial measures; (c) identify local services that could respond to the individual needs in the community; (d) use the data gathered by (a), (b), and (c) above to identify a mechanism that will insure provision of services to all in need.

2. Assist local advocacy councils to pave the way for a concerted effort to develop more effective community programs by creating alliances among families, schools, and other community interests which have a primary interest in maximizing child environments.

PRIORITY II: DEVELOPMENT OF A POLITICAL CONSTITUENCY FOR THERAPEUTIC RECREATION

Need

A political constituency at local and state levels.

Goal

Promotion of a political organization for therapeutic recreation.

Ultimate Benefits

Effective collective measures—e.g., support for the modification of state agency policies and development of legislation—to create the services and attitudes necessary to assist everyone to achieve his/her fullest potential. Establishment and maintenance of interorganizational coordination of all civic, parent, and governmental groups advocating therapeutic recreation.

Strategy

Strategies would be developed for bringing together representatives of special interest advocacy groups to identify concerns and discuss objectives and ways of meeting them. Meetings and conferences would be held with advocacy groups and government and legislative officials at state and national levels to discuss the establishment of policies and programs to further the interests of therapeutic recreation.

PRIORITY III: PROMOTION OF A REVIEW OF EXISTING THERAPEUTIC RECREATION SERVICE DELIVERY PATTERNS

Need

A thorough review of statutes and policies determining state-level provision of therapeutic recreation services and programs and an assessment of efforts to implement that which is mandated by law.

Goal

Understanding (as a result of accurate documentation) of the legal basis for the provision of therapeutic recreation services at the state level as a basis for insuring accountability and development of action plans to increase service delivery.

Ultimate Benefits

Preservation and growth of programs as mandated by general statutes supporting existing services and delivery patterns.

Strategy

A. Personnel (staff, consultants and volunteers)

B. Action

1. Identify and obtain all general statutes and policies governing the provision of state and local therapeutic recreation services and programs.

2. Analyze the provision and prepare a documented report of findings.

3. Conduct site visits with policy and decision makers and other responsible personnel to determine whether methodologies for providing and delivering services protect the mandated rights of target populations.

4. Document the results of investigations and prepare recommendations to legislative and other officials at federal and state program offices.

PRIORITY IV: PROMOTION OF PUBLIC INFORMATION AND PUBLIC RELATIONS

Need

Increased public awareness of the efforts of local advocacy councils.

Goal

Establishment of state and nation public information relations programs which inform and stimulate interest and involvement in advocacy action.

Ultimate Benefits

Public visibility as a way of furthering the mission of the therapeutic recreation advocacy movement.

Strategy

A. Information

1. Issue weekly news releases describing developments in the provision of quality therapeutic recreation services.

2. Schedule television appearances for a therapeutic recreation consultant to explore the benefits of establishing advocacy councils and promoting therapeutic recreation service delivery.

PRIORITY V: ASSURANCE OF ACCOUNTABILITY

Need

Maintenance of quality service delivery and responsiveness to consumer needs.

Goal

Accountability of therapeutic recreation service delivery systems and enforcement of legislative mandates.

Ultimate Benefits

A system for guiding the planning and evaluation of service delivery which will lead to adequate attention to consumer needs.

Strategies

A. Assessment

1. Determine adequacy of service delivery in institutional and community settings.
2. Determine unserved populations and the reasons for exclusion from or denial of services.

B. Planning/Evaluation Guidelines

1. Develop planning and service delivery evaluation techniques which foster accountability.
2. Utilize the local advisory councils to distribute guidelines to agencies and institutions.

Steve A. Brannan

A Special Education Viewpoint: Consultation in the Public Schools

Steve A. Brannan is Professor, Department of Special Education, Portland State University (Oregon) and Director, Program in Mental Retardation. Before becoming a full-time member of the Portland State faculty in 1966, Dr. Brannan spent nine years as a regular and special educator in the Portland public school system. He received his doctorate in special education from the University of Northern Colorado in 1965.

Dr. Brannan has emerged as an active advocate of the inclusion of recreation as a component of a comprehensive K-12 curriculum and has built bridges between the special education and recreation fields in his classes and his professional writings and involvements. In cooperation with the Mt. Hood Kiwanis Camp, Dr. Brannan developed and implemented a summer outdoor education/recreation program to enable special education and physical education university students to gain direct experience working with handicapped youngsters.

Dr. Brannan has had extensive experience with local, state, and national curriculum development and training activities. He is co-editor of An Oregon Report: Arts and the Handicapped (1977) and editor of Our New Challenge: Recreation for the Deaf-Blind (1975).

Editor's Note:

As we go to press, new information is available about the regulations which will guide the implementation of P.L. 94-142—Education for All Handicapped Children Act. The following components were approved within the scope of recreation as a related service: assessment of leisure functioning, therapeutic recreation, community recreation, and leisure education. One of the tasks which lie ahead of therapeutic recreation personnel is to determine the parameters of "assessment of leisure functioning" and devise and test appropriate instruments and techniques for use in the schools and in recreation settings. As a first step, it may be possible to use or adapt existing tools from psychology, education, therapeutic recreation, and leisure counseling. Development of new methods as necessary should occur over time.

It is timely that increased attention is being given by the recreation field to the role of therapeutic personnel in serving handicapped children and youth through public education. The 1975 Education for All Handicapped Children Act (P.L. 94-142) has implications for promoting a closer working relationship between education and recreation in school and community settings. Exactly how the new law will affect this relationship will be determined by the rules and regulations—the guidelines for implementing legislation.

The intent of the law is to define "appropriate education" for handicapped children and youth and clarify its components—classroom instruction and related and supportive services, which broaden the interpretation of educational programs. Recreation is included as a "related service." Both regular and special educators will have to consider recreation competencies and opportunities as they plan an appropriate educational program for each handicapped student. Curriculum adaptation, interdisciplinary cooperation, resource identification and development, pre-service and in-service training, parent and community education, and educational evaluation as they relate to recreation are a few of the areas which will require attention as the new legislation is implemented.

Unfortunately, the education and recreation professions have devoted minimal effort to promote recreation and leisure as important ingredients of a student's education. Although recreators have for years provided recreation and leisure services to meet the lifespan needs of handicapped individuals, they have worked primarily outside of the school environment. Failure of recreators to make a significant impact upon the school system is understandable because of the scarcity of employment opportunities, the "academic" value orientation of many educators, and the lack of certification that has prevented them from participating in school programs.

The education profession's reluctance to implement recreation goals in the curriculum is less understandable. As early as 1918, the National Education Association included "education for the worthy use of leisure time" as one of the major educational objectives, and numerous statements can be found today in major writings in the education literature recognizing the importance of the development of recreation skills and attitudes and preparation for participation in recreation activities. The problem is that most educators have generally given only "lip service" to educational goals in the area of recreation and have done little to achieve them.

Fortunately for all concerned, an advocacy group is now emerging to promote the worthy use of leisure as a relevant educational goal for all handicapped youngsters. Perhaps because of their sensitivity to the critical need to prepare handicapped students with lifetime learning skills, special educators (more than their counterparts in regular education) have begun to integrate recreation and leisure concepts and competencies into the school curriculum.

Still, such gains are not extensive in the special education field as a whole and vary widely among schools and specific educational programs. It is obvious that both the education and recreation professions need the support expected from P.L. 94-142 to expand and improve their curriculum efforts in recreation. To fulfill the intent of the new legislation, special educators will need assistance from general and therapeutic recreators to integrate recreation and leisure concepts into the school curriculum and assist handicapped children to acquire appropriate attitudes and skills. Likewise, recreation personnel will need input, support, and guidance from special educators to make their community programs more relevant and responsive to the needs of handicapped children.

I suggest that one way to facilitate cooperation between recreation and education and increase attention to recreation in the schools is to train therapeutic recreation personnel to assume consultative roles in the educational system. Their support and assistance will enable educators to make more effective use of recreation as a medium through which to accomplish many educational goals and be more responsive to the recreation needs of handicapped students.

In my opinion, efforts to provide appropriate education and recreation services to handicapped children and youth are still meager in relation to the need and will remain so until a more substantial advocacy role is assumed by personnel in both fields. It is encouraging to note that in public education today, regular educators are taking increased responsibility for delivering instructional service to handicapped students as a result of mainstreaming. It is significant that special educators, not regular educators, have advocated this change in instructional responsibility.

There is evidence that a similar pattern of service delivery is occurring in community recreation programs--the general recreator is serving more handicapped persons in regular programs. The implication seems clear: If handicapped children and youth are to have the same opportunities for recreation participation as their nonhandicapped peers, special educators and therapeutic recreators must be among those who advocate appropriate learning experiences and provide accessible programs. Equally as important are interdisciplinary planning and cooperation to facilitate the handicapped child's preparation for and participation in recreational experiences in a normal environment.

In this paper I will explore some of the ways in which more effective cooperation can be established between educators and recreators (especially special educators and therapeutic recreators) and underscore the need for cooperative effort. Addressed in these pages are current thinking and trends in special education; methods for implementing recreation as part of the educational process; suggestions for recreation personnel (including the therapeutic recreation consultant) for supporting educational efforts and making their resources and skills available to the schools; and problems and issues involved in meeting the recreation and leisure needs of handicapped children.

CURRENT TRENDS IN SPECIAL EDUCATION

I do not intend this discussion of significant trends in special education to be a complete, in-depth review; rather, I hope to delineate some of the prominent influences upon the education of handicapped children and youth. I have not attempted to present the topics within a developmental framework. The trends related to normalization and behaviorism have had and are continuing to have a profound influence upon changing our thinking and patterns of service in educating the special student.

Education for All Children

Education for handicapped children and youth is benefiting from a strong national movement to provide more education (and more quality education) to more people. The tremendous gains of the last decade in providing service to handicapped students have resulted in part from the trend toward education for all in this country. Increased societal concern for the dignity and worth of each individual is also enhancing efforts to serve minority groups (e.g., handicapped persons); at long last, members of these groups are being accorded their human rights.

The Rise of Advocacy Groups

Parents, educators, and other interested groups have organized and are assuming an aggressive role in helping provide more comprehensive and appropriate education for handicapped children and youth. Professional organizations such as the Council for Exceptional Children and the American Association of Mental Deficiency have been strong advocates of change at national, state, and local levels.

At the same time, parent organizations (National Association for Retarded Citizens and Association for Children with Learning Disabilities) have also acted to improve educational service for handicapped children and youth. Of special significance is the use of the courts by such organizations as the National Association for Retarded Citizens to bring about change. Class-action suits have opened the door for increased service to handicapped individuals by helping eliminate exclusionary procedures long practiced by many school districts and by guaranteeing due process rights for handicapped children and their parents.

Decline of Traditional Classification/Labeling Systems

Parents, educators, and the courts have demonstrated strong support of the elimination of traditional methods used for identifying, classifying, and placing handicapped children in school programs. There is substantial agreement in the field that traditional categories and labels for and treatment of special students are ineffective and stigmatic. There is wide concensus that labels using "deficit" language should be replaced by terms reflecting developmental needs of children. As a result, educational programs are now more "tuned in" to individual learning needs rather than to categories.

Current efforts to de-label, de-stigmatize, and de-categorize handicapped children are part of a more general trend to provide appropriate education based upon improved understanding of the learning characteristics of each child. Thus, the future seems to hold the promise of more individualized educational programs which will diminish or eliminate entirely the need for categorization and labeling.

Positive Influence of Behaviorism

Because many handicapped children demonstrate unique learning and behavioral problems, educational intervention is critical. Prior to the adoption of operant methods by special educators, much ambiguity existed about communicating and evaluating educational objectives for children. In addition, many professionals lacked the ability to manage children in a way which promotes learning. A major contribution of the behavior modification movement has been to provide educators with a better understanding of the learning process and the tools for effecting change. Although behavior modification techniques originated in programs serving more severely impaired individuals, they are now rapidly being applied with all handicapped learners.

The now popular practice of precision teaching is helping educators focus on individualized instruction, state educational objectives in terms of small units of observable child behavior, and gauge student growth by using the specific techniques of observation, measurement, and recording. Behavioral technology has been especially useful in helping the special educator develop more effective management procedures, more specific learning outcome, and more concrete procedures for measuring student growth. Teachers are able to be more accountable in the classroom as a result of their ability to be more specific in the documentation of changes in student performance.

Concept Normalization

The concept of normalization refers to making available to the handicapped person, regardless of age and level of disability, the same patterns and conditions of every day life that nonhandicapped persons commonly experience. Originating from the Scandinavian approach to treatment programs for handicapped persons, normalization has provided a strong stimulus for humanizing services to handicapped Americans. It affirms the right of all human beings to live by the norms and experience the patterns of every day life which correspond as closely as possible to the norms and patterns within the mainstream of society. Concept normalization encompasses community involvement, family living, friendships, mobility, recreation and leisure, schooling (and continuing education), work, social and sexual relationships, and the myriad of life experiences afforded other citizens from childhood through adulthood.

Underlying this mandate for full life experiences is concern for the humanity of handicapped persons, their human and civil rights, and their need to realize their potential for contribution, growth, and selfhood. The concern for human rights and dignity inherent in normalization is also inherent in the civil rights movement and related advocacy thrusts.

Mainstreaming and Least Restrictive Environment

The terms "mainstreaming" and "least restrictive environment" describe a powerful—perhaps the most powerful—movement in special education today: to assure handicapped students equal educational opportunity in the most culturally normative setting. Although both terms are frequently used interchangeably and generally encompass the same philosophy (i.e., human rights, normalization), mainstreaming seems to be the most popular word; often when it is used it includes education in the least restrictive environment.

Leading sources in special education have referred to mainstreaming as the (1) temporal, instructional, and social integration of eligible exceptional children with noraml peers; (2) education of handicapped students in the least restrictive alternative setting; (3) placement of handicapped children in the best educational setting at the least distance from mainstream society; and (4) planning education programs for children with handicaps so they are included in all appropriate segments of the educational system. Whatever the definition, special educators generally agree that mainstreaming should provide a continuum of alternative educational services ranging from total integration to total separation in special programs which are tailored to the individual needs of each student at any given time during his/her schooling.

Thus, mainstreaming is dynamic; it involves a continuing effort to make positive changes in programming to ensure that each student receives an appropriate education in the least restrictive environment. In general, an overview of the mainstreaming trend in special education reveals extensive movement toward integrating mildly handicapped children into regular classroom programs and severely handicapped children into special classes in the public schools at all levels of the curriculum.

Service Delivery Patterns

As the educational system attempts to provide an appropriate education in the least restrictive environment, service delivery patterns broaden and become complex. The existence of a variety of service delivery models makes it difficult to generalize. However, educators need to provide a continuum of services to meet the needs of all handicapped students, regardless of ability level.

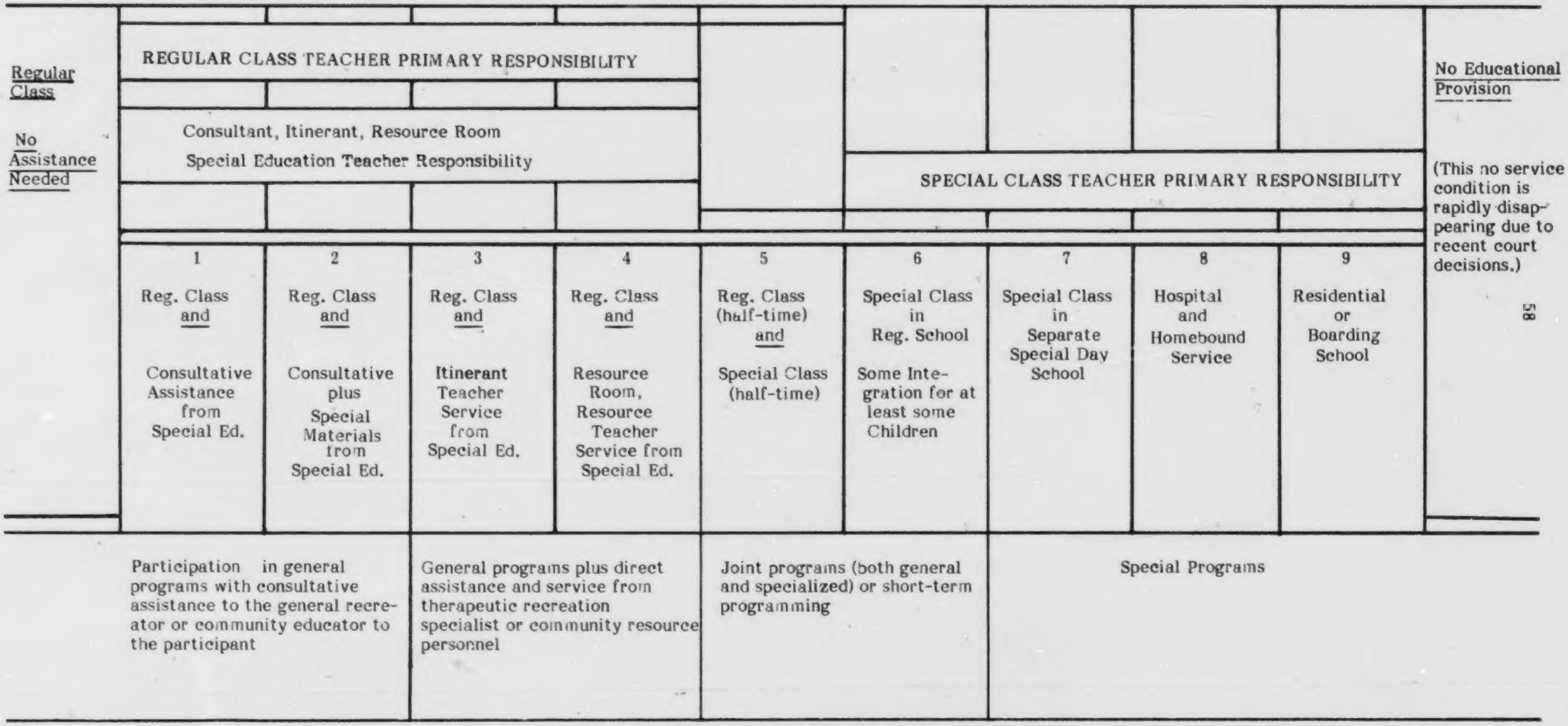
Weishahan (1975) presents a community model (Figure 1), which demonstrates the need for a continuum of alternative educational provisions for handicapped students. (The "No Educational Provision" category is no longer valid due to the passage of P.L. 94-142.) The broader pattern of service illustrated in the model involves interfacing special and regular personnel at all levels (i.e., administrative, supervisory, specialist, ancillary). Of special interest is the inclusion of supportive professionals (recreators and community educators) in the provision of services.

This model also points to the fact that traditional roles are changing. As mildly handicapped children are mainstreamed into regular education or recreation programs, the regular program personnel take on major responsibilities for programming, and the specialists (e.g., special educators and therapeutic recreators) assume more of a resource/supportive role. In other words, the general practitioner provides direct service to the handicapped participants, and the specialist provides indirect service. (At the other end of the continuum—the more traditional focus—the specialist assumes the major responsibility for programming and provides direct service, while the general program personnel become supportive.) Regardless of educational setting, professionals in both special and regular programs should work closely on a continuing basis to develop flexible programs enabling handicapped students to move along a continuum to receive appropriate education (or recreation) in the least restrictive environment.

Focus on the Severely Handicapped Student

Special education today is demonstrating increased concern for service delivery to severely handicapped students. Some of this concern is voluntary, but some is the result of external pressure. Court decisions have mandated increased special education classes and services for the more severely involved and muntihandicapped student.

Figure 1: A Continuum of Alternative Educational Provisions For Handicapped Children
(Source: Weishahn)



Regular Class

No Assistance Needed

REGULAR CLASS TEACHER PRIMARY RESPONSIBILITY

Consultant, Itinerant, Resource Room Special Education Teacher Responsibility

SPECIAL CLASS TEACHER PRIMARY RESPONSIBILITY

1	2	3	4	5	6	7	8	9
Reg. Class and Consultative Assistance from Special Ed.	Reg. Class and Consultative plus Special Materials from Special Ed.	Reg. Class and Itinerant Teacher Service from Special Ed.	Reg. Class and Resource Room, Resource Teacher Service from Special Ed.	Reg. Class (half-time) and Special Class (half-time)	Special Class in Reg. School Some Integration for at least some Children	Special Class in Separate Special Day School	Hospital and Homebound Service	Residential or Boarding School

No Educational Provision

(This no service condition is rapidly disappearing due to recent court decisions.)

1–2	3–4	5–6	7–9
Participation in general programs with consultative assistance to the general recreator or community educator to the participant	General programs plus direct assistance and service from therapeutic recreation specialist or community resource personnel	Joint programs (both general and specialized) or short-term programming	Special Programs

Parents of trainable or moderately/severely retarded children routinely excluded from public school education have been primarily responsible for making the legal system aware of the problems.

Rulings in favor of the child's right to an appropriate free public education in the least restrictive environment have been the catalyst for a nationwide effort to serve severely mentally handicapped children in the public schools. As a result, a dramatic shift has occurred; severely handicapped persons are being transferred from state institutions and special schools into special classes housed in regular school buildings. Also of interest in the special education field over the last few years has been the development of effective educational/habilitative programs for the severely impaired child. Because many of these children manifest severe speech and language deficits, special educators have had to develop more specific and precise methods of instructional intervention; behavioral technology, in particular, has made a significant contribution. Consequently, many severely handicapped students are achieving in ways previously believed impossible or unlikely. In addition to classroom instruction, effective programs have been developed that bring together home instruction, parent education, and a wide range of ancillary personnel (e.g., aides, volunteers).

Some of the concepts inherent in strategies for the instruction of the severely handicapped child (precision teaching, reinforcement techniques) are applicable to instructional methods with all students. As a result of the mainstreaming movement, I believe it is reasonable to predict that many instructional strategies and ideas developed for severely handicapped students will be incorporated into programs serving both mildly handicapped and regular students in the near future.

Broader Concept of Personnel Support

Educational planning for the handicapped child is beginning to involve a wide array of persons in direct and indirect services within the school, home, and community. Only recently, special education programs in public school buildings, separate community schools, and residential or institutional settings have been isolated from the mainstream. The normalization and humanization movements have brought about radical changes and have facilitated a more meaningful integration of handicapped students in all settings.

The mainstreaming trend, in particular, has forced the involvement of all regular school personnel (principals, social workers, regular classroom teachers, and physical education specialists, among others) in providing more appropriate education for many mildly handicapped children. This involvement is especially related to programs for mentally retarded, learning disabled, and emotionally disturbed children. At the same time, the movement of the more severely handicapped (especially trainable and/or multihandicapped) students into regular public school settings is widening the base of personnel involvement in special education.

Severely handicapped students are now benefiting from the involvement of a substantial educational team—aides, volunteers, parents, and a cadre of professionals. The increased integration, at all levels, of handicapped children within regular programs and the broadened perspective of appropriate education are promoting a more total community involvement in the educational process. Community educators and recreators are beginning to play a more active role in the education of all children and, because of the mainstreaming movement, can be predicted to provide increased service in the future to handicapped students as part of the school program.

Leisure Education for Handicapped Students

Society today has more time, energy, and resources to pursue goals that are nonvocational in nature. It now appears that we are fast moving from a work oriented society to a work/leisure and possibly a leisure/work oriented society. Increased longevity, shorter work weeks, extended blocks of vacation time, better health, earlier retirements, and labor saving technology are all contributing to an increase in leisure time. The increased availability of discretionary or free time (leisure) is accompanied by the realization that man's future must now be more related to improving the quality of life for all persons. As work becomes less central to a lifestyle for a growing number of Americans, the quality and results of leisure experiences become more significant.

One result of this change in perspective is that our educational system is beginning to recognize the importance of nonvocational goals in preparing children to participate in a more leisure oriented society. In other words, preparation for leisure as one means of improving the quality of life may become a major goal of the school's curriculum for all students, including those who are handicapped. A leisure ethic is emerging.

Some exciting developments on the national scene support the school system's responsibility to stress preparation for leisure. In recognition of the need to educate for the use of leisure time, the Lilly Endowment awarded a grant to the National Recreation and Park Association in 1975 to support a project to develop a leisure education component within existing school curricula. The Leisure Education Advancement Project has now produced teacher and student leisure education kits for pilot testing in regular K-12 classrooms. Under contract to the Bureau of Education for the Handicapped (U.S. Office of Education), Leisure Information Service in Washington, DC developed a systems model which includes comprehensive guidelines for integrating leisure education into ongoing educational programs (K-12) for handicapped children and youth. The material produced from this project will prove beneficial to both special educators and therapeutic recreators.

Significantly, both of these national curriculum endeavors were promoted by the recreation field. Special education is just beginning to become involved with leisure education and address the need to develop a clear liaison with recreation. As leisure education takes hold, recreators and educators will find such a cooperative relationship valuable.

Traditionally, special educators have taken the lead in preparing handicapped students with lifetime learning skills. "Persistent life problems" and "survival skills" curricula are common in special education and reflect educational priorities addressing issues and skills important for normal living (communications, self-help, mobility, career). Special education is aligning with the leisure movement because both recognize the importance of a quality life and the acquisition of skills to achieve it. Many special educators are beginning to recognize that recreation and leisure should be part of a total curriculum; that recreation outcomes complement educational outcomes; and that a meaningful education which considers the lifespan needs of students must include preparation for leisure as a major goal.

Leisure is generally perceived as an individual's free, discretionary, or unobligated time; recreation is generally viewed as the activities or experiences carried on within leisure that are chosen voluntarily by the participant. Leisure education for handicapped students is defined by Nesbitt, et al. (1974) as providing students ". . .with special competencies necessary to overcome, adapt, modify, or in other ways achieve the goal of normal recreational, leisure, and cultural pursuits and participation. . . ." Leisure education is included within recreation in the rules and regulations for P.L. 94-142.

Special educators will need specific assistance in developing, implementing, and evaluating program efforts that include recreation and leisure concepts. Consultation provided by therapeutic recreation specialists will be vital to the success of this movement. The following section of this paper suggests approaches and ideas that should be considered as part of the consultation service provided to special education teachers and administrators.

SUGGESTIONS FOR INCORPORATING RECREATION INTO THE SCHOOL PROGRAM

Provide a Strong Rationale for Recreation and Leisure

It is evident that the success of attempts to integrate recreation and leisure into on-going school programs for handicapped children will depend upon leadership, cooperative planning, and coordination by professionals in special education and therapeutic recreation. It is also apparent that these personnel will need to advocate leisure as a relevant educational goal if the attitudes of regular administrators, teachers, recreators, parents, and the public in general are to be changed. In recognition of this new interdependent role for special education and recreation leadership, with emphasis on consultative support from therapeutic recreation, the following is offered as a rationale for promoting a close working relationship between the two fields:

1. Education and recreation have a similar goal—to improve the individual's mental, physical, social, and emotional development.

2. Both education and recreation support an important program goal for all persons—to prepare individuals to assume the lifelong responsibility of directing their own behavior.

3. The acquisition of leisure knowledge, attitudes, and skills takes on special significance in light of the increased leisure time generally available to people and the significant amount of time devoted to leisure versus academic and vocational activities during a lifetime. Thus, emphasis on the constructive use of leisure time plays a large part in meeting the life adjustment and/or lifespan needs of each individual.

4. A focus on leisure should enhance the significance of other areas of the school's curriculum (e.g., arts, athletics, careers) and help these disciplines re-orient their instruction for the purpose of preparing students with lifetime leisure skills. The current emphasis on arts education for handicapped students and lifetime sports is an encouraging trend.

5. Coordination of efforts between education and recreation seems especially critical when dealing with service delivery to handicapped youngsters because more comprehensive and extended service is needed to assist them in one or more areas of human development.

6. The skills gained through leisure education can transform the experience of "killing time" into a meaningful leisure experience which is especially important for many handicapped persons who can be expected to have disproportionately more leisure because of more limited employment opportunities.

7. Preparation for leisure has special relevance for the more severely handicapped person, who requires very specific instruction with extensive opportunities over time to develop competencies in any area of learning. Leisure education can provide unique opportunities for special educators, recreation specialists, and parents to communicate more closely, work toward the same goals, and complement each other's efforts when involving the handicapped child in preparation for leisure and recreation activities. A closer working liaison between the school, home, and community extends preparatory experiences and also offers increased opportunities for handicapped students to generalize and apply leisure skills in normal life settings.

8. Although recreators are natural proponents of leisure preparation and participation, special educators are in a position to be especially powerful advocates. Intervention during the early years is generally regarded as a most critical time to affect learning. As special education rapidly moves into early childhood education, a leisure thrust should significantly facilitate the development of desired attitudes, knowledge, and skills. Because the special education teacher spends extensive time with the students, he/she is in a position to affect child development more intensively than most other professionals. The implication is that recreators and special educators must develop cooperative relationships and consider assistance to young handicapped children as a high priority.

Provide Assistance in Curriculum Development

Leisure education should be included as one of the important areas of content in a total school curriculum. Enabling each student to maximize personal satisfaction from leisure experiences must become a major goal of the nation's schools. Assistance will be needed from recreators in conceptualizing curriculum content and proposing educational goals that deal with leisure concepts. The model proposed in Figure 2 should be employed to support leisure as an integral part of the schools curriculum.

Concepts inherent in the proposed model are:

1. Leisure education is designated as a separate area of content equal in importance to other subject areas commonly recognized as necessary in a total program of instruction for children and youth.

2. All curriculum areas are interrelated. Reading concepts, for example, are not unique in reading, but are closely related to and can be infused into all other areas of the school's curriculum.

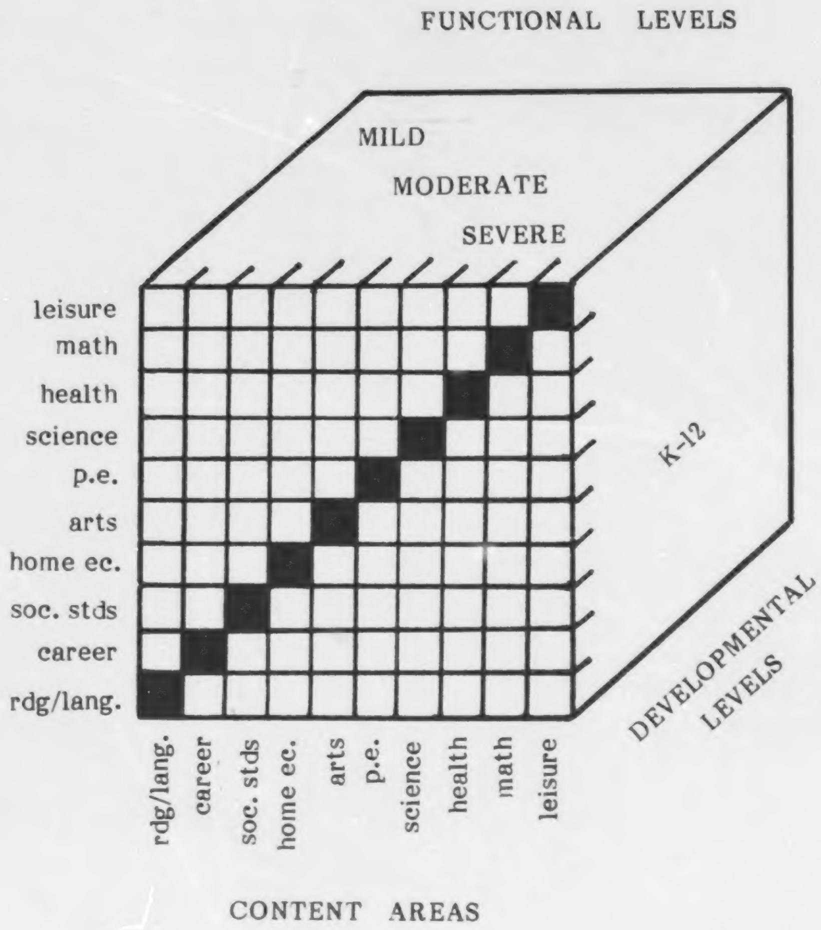
3. Each content area, including leisure, is applicable to all age levels. This point of view recognizes that ability level, interests, and environmental influences are many times stronger determinants of skill mastery than age or development level. More emphasis should be directed to sequencing knowledge and skills according to their complexity and allowing students to proceed at their own rate through individualized instruction.

Figure 2

School Curriculum
for Handicapped Students

Curriculum content areas
- may be combined (social studies/leisure);
- may be included at all developmental levels;
- are appropriate for students with mild, moderate, and severe handicapping conditions.

(Source: Steve A. Brannan)


FUNCTIONAL LEVELS
MILD
MODERATE
SEVERE
leisure
math
health
science
p.e.
arts
home ec.
soc. stds
career
rdg/lang.
rdg/lang.
career
soc. stds
home ec.
arts
p.e.
science
health
math
leisure
K-12
DEVELOPMENTAL LEVELS
CONTENT AREAS

4. All areas of a school curriculum are relevant for each handicapped student regardless of functional level. Interest level and severity of impairment will affect handicapped students' learning rates, performance, and interaction with different aspects of subject content.

Subsequent to conceptualizing leisure as a part of the school's curriculum is specifying educational goals to be achieved through an instructional program. The following are suggested goals stated in terms of desired student performance that should be incorporated into the development of a leisure oriented curriculum:

- Understand leisure as a concept encompassing both discretionary time and individual choice.
- Recognize that fuller use of discretionary time will enhance the quality of life in all areas of human endeavor.
- Appreciate the wide diversity of leisure choices and lifestyles.
- Understand the potential of leisure for both developing and responding to one's individual lifestyle.
- Recognize that appreciation of leisure experiences will be enhanced through direct exploration and participation.
- Acquire knowledge and skills related to understanding and identifying the wealth of leisure opportunities and resources that exist in one's community, state, and nation.
- Develop competency in both short- and long-term planning to ensure more effective use of one's leisure time.
- Identify and evaluate personal interests and abilities to determine participation in leisure time activities.
- Evaluate choices and performance as related to various benefits derived from participating in specific leisure experiences.
- Develop specific skills necessary for participation in a wide variety of leisure time activities.
- Understand the contributions that leisure provides for self-expression and physical and intellectual development.
- Develop interests and problem-solving skills that will facilitate independent pursuits of leisure in the home, school, and community.

Stress the Employment of a Diagnostic/Prescriptive Model of Intervention

There is increasing acceptance among special educators and therapeutic recreation specialists of the use of individual assessment, prescriptive programming, and measurement of student performance to establish bases for effective intervention with handicapped students. Objectives for the curriculum are generally stated in terms of desired student behaviors that are observable and measurable. The common approaches of delineating desired behaviors through task analysis procedures and specifying performance levels to assist in measuring achievement are applicable when dealing with recreation and leisure. Special educators and recreators need to work toward the same goals to ensure the maximum growth for the handicapped student. The following conceptual framework is recommended for both groups.

1. A systematic approach to individualized instruction should be employed with each handicapped child. As previously mentioned, P.L. 94-142 provides strong support for individualized education.

2. An assessment of knowledge, skills, and interests should be performed for each handicapped student before planning appropriate intervention or instructional programs.

3. Based on preassessment, an individual instructional plan including specific objectives should be developed for the handicapped child. Emphasis should be on student acquisition of specific concepts, knowledge, and skills which are measurable. Focusing on student performance facilitates measurement of individual progress and provides data for determining on-going instruction.

4. Specific criteria (or performance levels) should be established to measure individual student attainment of objectives.

5. Data about student achievement (attainment of objectives) should be recorded and utilized as a basis for evaluation and changes in the instructional program.

Promote the Infusion of Leisure Content into the On-Going School Curriculum

As conceptualized in the curriculum model in Figure 2, all areas of content included in the educational program are closely related and, in actuality, deal with many similar and overlapping goals. More effort should be made to make learning more purposeful and meaningful for handicapped students by relating different skill areas to the solution of realistic life problems. The area of recreation and leisure offers outstanding opportunities for combining various areas of the curriculum (e.g., math, science, health, and home economics) as part of the preparation for creative and constructive use of leisure time.

Especially for the handicapped child, the pursuit of leisure requires acquisition of many prerequisite skills and understandings. For example, in order for a handicapped student to successfully participate in eating at a community restaurant, he/she must learn to handle money, dress appropriately, and understand social etiquette. Encouragement of integrative learning is a logical approach.

Promote the Extension of Leisure Content Beyond the School Environment

Special educators have long recognized the need to extend the instructional program beyond the classroom walls to provide more comprehensive and relevant learning experiences for handicapped children. Community field trips, outdoor education, home training programs, and prevocational placements are common examples of how to extend and apply learning in real life settings. Special educators are beginning to realize that recreation experiences should be part of an on-going educational program; that a relevant education must include recreation in the home and community; and that recreation is a powerful medium for accomplishing many academic goals long accepted in school programs. It should be stressed that involving handicapped children in recreational experiences in the school, home, and community as extensions of the classroom will allow both professionals and parents to share and utilize information on a child's progress.

Recreation specialists and parents receiving progress data from teachers during the school year will have a helpful baseline from which to initiate and/or extend individualized programs for handicapped children after school and during summer programs. Likewise, special educators communicating closely with parents and recreators will benefit by receiving current information on the child's interests and progress to be used to improve their instructional program in leisure education during the school year. Continuity in program activities, elimination of unnecessary duplication of efforts, and increased communication among children, parents, and professionals will be enhanced by extending the curriculum into the home and community.

Identification and utilization of the many available recreational opportunities to support leisure oriented instruction in the schools is a large task for the educator and one that will certainly require consultative assistance from recreators. The following are suggested programs and experiences that should be utilized to extend the classroom experience and make it more relevant for handicapped students at all levels of the school curriculum:

1. Field trips into the community should be expanded to increase awareness of the possibilities for leisure participation.

2. Outdoor education experiences should be expanded in terms of purpose, time, and frequency. There is now increased agreement by special educators, therapeutic recreation specialists, physical educators, and environmental educators of the value of the outdoors as a medium for accomplishing many different objectives for children.

3. Lifetime sports (e.g., swimming, fishing, running, bowling) should be encouraged because they provide continuing opportunities for involvement in recreation.

4. Intramural programs provide increased opportunities for handicapped students to participate and acquire needed knowledge and skills with special focus on social development.

5. Community-based recreation programs should be coordinated with the school program to provide year-round opportunities for handicapped youngsters. Recreators should participate with special educators in both bringing their programs into the schools and extending the classroom program to include participation in community recreation during the school year and summer months.

6. Community school programs should include handicapped individuals and be administered in close conjunction with educators and recreators so that similar goals for children and youth are communicated and achieved.

7. Summer camps offer extensive opportunities for enhancing the total growth and learning of the handicapped child and should be encouraged as a meaningful complement to the school-year program. Summer camping programs, offered by public and private organizations, need to communicate closely with the schools to ensure continuity of purpose. Efforts should also be made to involve the handicapped child in a variety of camp programs so that he/she can obtain different experiences and meet different experimental needs.

8. Youth organizations (YWCA, Boy Scouts, 4-H) offer another rich source of recreational involvement for handicapped children and youth and should be viewed as logical extensions of the school program. In addition to direct recreational benefits, participation in such programs will enable handicapped children to identify recreational resources and develop associations that have much carryover value into adulthood.

9. The Special Olympics, especially for moderately and severely handicapped children, offer extensive opportunities for athletic participation and competition that are often difficult to achieve in many school programs. The opportunities for participation offered by Special Olympics are a meaningful extension of both school and recreation programs that incorporate related physical and sports activities.

10. Family recreation is an important component of an educational program incorporating leisure time experiences. The home is the natural setting for both early and continuing leisure pursuits and determines, in large measure, the recreational orientation of the child. Educators and recreators should assist parents to offer recreational experiences for their handicapped child that provide maximum opportunities for skill acquisition, personal/social growth, and development of a personal leisure lifestyle.

POTENTIAL RESPONSIBILITIES OF THE THERAPEUTIC RECREATION CONSULTANT

The therapeutic recreation specialist must assume a leadership position in assisting the schools to incorporate recreation and leisure as a part of the curriculum content for handicapped students and improve and expand the opportunities for participation. Although special educators are beginning to demonstrate interest in this area, their experience with and training in recreation are usually limited; consequently, they need supportive assistance and guidance from trained personnel. The responsibilities of the recreation profession as a result of the passage of P.L. 94-142 may expand to include more extensive support for professionals in both special and regular education serving handicapped children.

Recreation personnel will probably be called upon (and should take the initiative if they are not) to provide assistance to educators at local, state, and national levels. Therapeutic recreation personnel are in a position to respond to special and regular educators who seek appropriate ways of incorporating leisure and recreation skills, attitudes, and concepts into the curriculum and structuring integrative learning experiences. Therapeutic recreation personnel can also work with community recreation service providers to assist them to make their programs more responsive to the needs of school-age handicapped children and form working relationships with education personnel. In areas where few therapeutic recreators exist, regular recreation personnel who understand handicapping conditions may be called in to provide assistance.

This type of professional involvement—consultation—may be a full-time responsibility or may occupy a portion of an individual's schedule. In either case, he or she may be asked to assist in meeting the intent of P.L. 94-142 or providing direct service within the schools. The following brief discussion of projected responsibilities of therapeutic recreation specialists in the public schools reflects my view as a special educator.

Advocacy for Recreation and Leisure in the Community and Schools

Aggressive leadership is needed in working with educators to convince them of the value of recreation and leisure in the school's curriculum. Efforts should be made to team with special educators and work cooperatively to expand recreational opportunities for handicapped children in both school and community settings. The therapeutic recreator-special educator team is especially needed to support regular recreation and education as they mainstream handicapped youngsters. Administrative and supervisory personnel in education and recreation should be educated to become advocates and use their influence to initiate program changes and incorporate experiences in recreation and leisure.

Direct and Supportive Services

Therapeutic recreation specialists should continue providing direct service to severely handicapped children in the community and schools. In the school setting, the therapeutic recreation specialist may serve as a demonstrator or instructional model for special education teachers serving the severely handicapped student and may have some contact with physical educators to work out coordinated programs. Of critical importance is the specialist's support of the mainstreaming movement; he or she should provide indirect service to handicapped students through strong supportive assistance and consultation to both special and regular educators and recreators. This role appears to be more one of a catalyst, facilitator, and resource for the professionals now assuming increased responsibility for these students. As mentioned previously, the therapeutic recreation specialist and the special educator need to join forces to assure that recreation experiences are included in the curriculum for mainstreamed handicapped children.

Resource and Program Development

To provide consultative services, the therapeutic recreation specialist requires an extensive knowledge of community resources, programs, and personnel. Special educators and regular educators will need much assistance in conceptualizing, planning, implementing, and evaluating program efforts in the schools that deal with recreation and leisure for handicapped students. The therapeutic recreation consultant in the schools may be called upon to:

- Assist administrators and teachers conceptualize, develop, and interpret plans of action to set direction and obtain needed support from staff, other administrators, superintendents, and school boards, among others.

- Help the school system formulate curriculum goals and objectives concerning recreation and leisure.

- Provide suggestions and direct assistance in serving handicapped children through an infused and/or specialized leisure education curriculum approach.

- Obtain community support for school-related recreation activities by contacting civic leaders, community recreation professionals, community agencies, and institutions and promote awareness through education.

- Help secure additional financial support from federal, state and local funding programs and foundations.

- Coordinate community and school transportation resources to achieve accessibility to recreation activities.

- Assist in securing additional staff to implement school programs; community agency staff, parents, and college and high school students represent potential volunteers.

- Provide current information on federal and state legislation, legal implications, curriculum resources, evaluation tools, and related areas that will benefit the program.

- Provide feedback to school personnel about the performance of handicapped children as they participate in community recreation programs separately from the school environment to enhance school recreation programs.

- Assist school districts establish pilot programs and develop model sites that provide exemplary experiences for handicapped children. Model site development will also provide training opportunities for teachers, administrators, parents, college students, and other persons desirous of increasing their awareness and skills in recreation programming for handicapped children and youth.

Interdisciplinary Team Involvement

Participation of the therapeutic recreation consultant as a member of the educational team is critical. Increased efforts are now being made in special education to utilize interdisciplinary planning and evaluation. This approach recognizes the totality of learning and the value of different disciplines working collectively toward the achievement of similar goals for the handicapped child.

The passage of P.L. 94-142 provides a rationale for the inclusion of recreation as part of the individual educational program (IEP) for handicapped children; consequently, therapeutic recreation specialists should make special efforts to participate in program planning as bona fide team members and provide needed input about the recreational needs of each student. The therapeutic recreation specialist offers the educational team valuable expertise in an area of curriculum that has been traditionally neglected and a broadened perspective of personal development. The recreator (like the parent) has abundant opportunities for interacting with handicapped children in nonschool settings; therefore, he or she is able to provide valuable information about many areas of learning not usually observed by educators. Both the recreator and parent will be able to add to the meaningfulness of planning and evaluation by observing the degree to which recreation and leisure skills taught in the classroom setting are successfully applied in home and community settings.

Liaison for Parents and Professionals

The therapeutic recreation specialist can help bridge communication gaps between the school and the community and between the home and the community. As an intermediary, the recreator can work to increase coordination of effort geared to meet the recreational needs of handicapped youngsters. Acting as a resource and facilitator, the recreator should be able to develop a communication network between parents and professionals that strengthens efforts carried on in the home, school, and community.

Provision of Education and Training

The consultative role of the therapeutic recreation specialist carries with it a major responsibility to support and assist parents, educators, and other recreators to be more effective in meeting the recreation and leisure needs of handicapped children by providing guidance and instruction; awareness training for administrative personnel; in-service workshops in methods, materials, and community resources for teachers; and education about family recreation for parents. Equally significant is the opportunity for therapeutic recreators to take a more active role in promoting leisure counseling for handicapped students. With guidance and training provided by the consultant, parents and educators will be more able to assure that handicapped children are prepared to develop their own leisure lifestyle.

PROBLEMS, ISSUES, AND RECOMMENDATIONS

This discussion of problems and issues of relevance to professionals working with the handicapped children and youth is based upon my observations and opinions as a special educator. It relates specifically to professionals in therapeutic recreation, special education, and physical education who will be serving handicapped children and youth in the schools in accordance with the intent of the Education for All Handicapped Children Act. Underlying the following comments is the concern that professional advocacy for recreation and leisure and coordination of efforts between school and community are lacking and need increased attention.

1. P.L. 94-142 provides stronger support for physical education than for therapeutic recreation: Whereas physical education is defined in the law as a specific component of special education, recreation is designated as a related area of service. Although both services are specified as part of an appropriate education for handicapped children, physical educators, unlike recreators, currently operate within the educational system, thus enabling greater advocacy for physical education than for recreation. Who, then, will advocate recreation and promote its inclusion as part of an appropriate public education for the handicapped child? It would seem that both special educators and physical educators need to support the involvement of recreators on the educational team. In addition, the recreation field should initiate closer communication and articulation with these fields to better guarantee a meaningful and more direct role in meeting the recreation needs of handicapped children.

2. Specialists in therapeutic recreation, special education, physical education, environmental education, and community education are all involved in programs that provide multiple opportunities for leisure preparation, but little

"teaming" or interdisciplinary coordination has occurred. Lack of coordination has also existed in training personnel. Consequently, what recreation specialists do with handicapped children during the school year and summer months usually has little (if any) relationship to leisure education efforts by special education teachers; the converse is also true.

There is a critical need for follow-up in the community to determine the effectiveness of school instruction in terms of application or transfer of learning. Similarly, a smooth flow of communication is needed back to the special education teacher and other professionals about the performance of handicapped children in community activities. It is apparent that the parent also plays an important part in this process and that increased interagency and family planning and cooperation are needed. This implies less concern with maintaining traditional roles and more concern with identifying similar goals and working cooperatively to accomplish them. Interdisciplinary coordination will also do much to eliminate duplication of effort and result in more effective use of the strengths of each discipline.

3. All children deserve an individualized and personalized program of instruction. It is an understatement to say that regular service delivery systems need improvement. As we mainstream increasing numbers of handicapped children into regular education and recreation programs, individualized programming becomes even more critical. Increased concern with excellence in programs serving normal children will reduce the need for specialized service to handicapped students.

An obvious solution is to place greater emphasis on improving regular professional preparation programs (pre-service and in-service) so that classroom teachers, recreators, and physical educators will be better prepared to accommodate individual needs of all children, including ones who demonstrate special learning problems. In working toward such a goal, I recommend that the following types of learning experiences be included in personnel preparation programs: individualized instruction; parent training and counseling; use of community resources; behavior management; interpersonal relations; human variability; interdisciplinary cooperation; utilization and training of aides and volunteers; and problem solving.

4. Differentiated training should be considered in preparing professionals to work with handicapped children who demonstrate varying levels of disability. Since mildly handicapped children and youth possess the ability to achieve at levels commensurate with their normal peers, most individuals in this group are now being mainstreamed; they receive their basic education in regular classrooms. As a result, regular classroom teachers need understanding and skills to facilitate this educational process. The same may be said for regular recreation and physical education personnel.

Increased attention must now be given to preparing special education teachers, therapeutic recreation specialists, and physical education specialists to serve as resource persons to regular program personnel (i.e., to provide direct service to the general practitioner and indirect service to handicapped children). Specialist training should include communication skills; diagnosis and evaluation of learning problems; staff development; knowledge of instructional media; development of volunteer programs; and utilization of community resources.

Severely handicapped children do not achieve at levels commensurate with their normal peers, and, as a result, usually require more specific and intensive instruction in a special setting. In many school programs, moderately and severely handicapped children (especially the mentally retarded) at all levels of the curriculum are being mainstreamed in regular school facilities; they receive numerous opportunities for social interaction with their normal peers. However, most instruction is provided by the special educator. Regular teachers must be trained to deal with the more severely handicapped student; but their role is one of providing indirect service to those students through supportive help in the general school environment and through partial integration of certain youngsters into appropriate regular classes. Again, the same is true for regular recreators and physical educators planning to serve the severely handicapped student; they should also be prepared for more supportive-type roles. In contrast, personnel in special education, therapeutic recreation, and adaptive physical education need increased training to enable them to intervene effectively with severely handicapped students in a direct service role.

It is becoming apparent that special educators, therapeutic recreators, and adaptive physical educators need a differentiated program of training to (a) prepare them to meet the unique needs of each handicapped learner and (b) enable them to serve as resource specialists able to provide direct and indirect assistance to the regular program. Due in large measure to the mainstreaming movement, specialist roles have broadened to include responsibility for helping regular personnel provide direct service to handicapped children in regular school and community settings. Since mildly handicapped children comprise the majority of students with handicapping conditions, it is obvious that a major training need is to prepare specialists to serve as consultants to regular programs. In addition, training priorities for all specialists seem to lie in the areas of leadership and advocacy.

5. The current mainstreaming movement seems overly preoccupied with academic learning. Many mildly handicapped students who are totally integrated into regular classroom programs are receiving support from special education teachers in basic skills--reading, language, and mathematics--but less attention is given to areas (e.g., career education, social skills, community living skills, leisure time skills) typically handled by many special educators prior to the mainstreaming movement. However, because special educators still provide most of the instruction for moderately and severely handicapped students and have the primary responsibility for the curriculum, they tend to be more concerned with providing a total education for these students. But on another level, special educators also tend to devote much of their time to basic skill acquisition due to the "back to basics" movement.

It appears that the "back to basics" emphasis is maintained at the expense of comprehensive education, which views reading, language, and math skills as necessary ingredients of a total curriculum--but not the whole. In a comprehensive curriculum, the importance of basic skills is related to their contribution to the achievement of meaningful life goals.

Recreation and leisure should be part of a comprehensive curriculum in the schools; acquisition of these skills will help the handicapped student experience a more meaningful life. The following are suggestions and cautions for educators and recreators as they plan ahead for the education of handicapped students in the schools and community.

a. We need to re-examine curriculum content and goals in relation to current and projected needs of handicapped individuals in our society. We need to determine the minimum competencies needed by handicapped children to adjust successfully in their communities. If educational goals are focused on the development of the whole child, we will better guarantee a more complete curriculum which will naturally include leisure time skills.

b. We need to create a leisure ethic, one that promotes the value of leisure to the quality of life. The "right to recreate" should be as important as the "right to read." Therapeutic recreation has a special role to play in helping bring about a change in the value orientation of educators.

c. More dynamic leadership is needed to ensure that the educational program for mainstreamed handicapped children includes recreation and leisure. Appropriate education now required by P.L. 94-142 should not be viewed as synonymous with individualized education. To better guarantee appropriate education, special educators must assist in changing the nature of the curriculum in regular education, since many mainstreamed mildly handicapped students are now receiving an education that is, in large part, determined by the regular classroom teacher. Special educators and recreators need to help regular education incorporate recreation and leisure as part of the school curriculum for all children.

6. It is important to keep in mind that all behavior is not predetermined or predictable; that much of what is measured in education relates to the cognitive rather than the affective domain; and that emphasis upon the affective domain is especially important in the education of handicapped children. It is well recognized that handicapped children need additional support for developing positive self-concepts and social skills. Recreation, in contrast to academic education, is a powerful medium for producing personal/social growth and should receive greater attention from special educators.

For years, self-awareness, individual expression, self-motivation, joy, and fun have been identified as outcomes of the recreation experience. Such outcomes in the affective domain are not easily specified as behavioral objectives, are not always observable, and are more difficult to measure than their cognitive counterparts. In addition, recreators view recreation experiences as inherently therapeutic and particularly beneficial in terms of individual inner growth. As special education and recreation move toward a closer working relationship, educators, in particular, should become more aware of the many contributions recreation offers for personal and social growth.

7. To serve children and youth in public school settings, educators at both administrative and instructional levels need teaching certification. Certification is usually based on an education degree that qualifies a person to receive a teaching certificate from the state educational agency. Moreover, special educators in many states must obtain dual certification in regular and special education to teach handicapped children and youth. Lack of certification appears to be a major obstacle preventing recreation personnel from easy access to and meaningful participation within the school system. Because preparation programs in recreation usually do not interface with education, recreation students have limited opportunities to pursue teaching certification and, as a result, later find themselves in the position of the "outsider looking in" when dealing with the schools. Additionally, they may be viewed by many educators as less qualified and able to participate as part of the educational team.

There are several possible resolutions to this problem. One approach is to make training at both pre-service and in-service levels more flexible and provide an option for recreation students to pursue teaching certification. Interdisciplinary preparation programs are essential to make this approach work. There is a critical need for leadership at the training level to develop a rationale for this option and implement such a program.

A second solution is for recreation personnel to ignore teaching certification altogether and pursue increased involvement in school programs based on their qualifications as trained professionals. Especially in special education, there is more awareness of the need for interdisciplinary planning and program implementation and greater involvement of "outside" experts in educational programs for handicapped children. Of special interest is that these experts (e.g., psychologists, social workers, nurses) participate part-time and full-time as regular salaried employees of school districts without teaching certification. In addition, budgets have become more flexible and enable hiring of outside consultants to provide particular services to the schools (e.g., diagnostic testing, workshops, in-service training). Regardless of teaching certification, these personnel have been recognized for their contributions and are viewed by the educational system as necessary to its meaningful operation. The direct implication is that the recreation profession has the same opportunity to participate if its contributions to the educational system can be established. Aggressive leadership is needed to gain this recognition.

A third solution is related to the new legislation affecting the education of handicapped children. The broadened definition of appropriate education within P.L. 94-142 literally opens the door for involvement by related disciplines such as recreation. Funding for recreation services (including programs and personnel) will be possible, but educators must be convinced of their value in meeting the educational needs of handicapped children.

It is evident that dynamic leadership is now needed by both recreation and special education to guarantee this type of involvement within school programs serving handicapped students. Professionals in therapeutic recreation should actively pursue the incorporation of recreation and leisure concepts as integral part of educational programming. The individualized education program should be viewed as incomplete without the goals and objectives related to recreation and leisure.

Therapeutic recreation and community recreation personnel and consultants will probably find entry into and involvement within the school system more feasible if the points in the following approach are considered. The untimate result will be the establishment of a viable liaison.

a. Special educators are serving many of the same children served by recreation personnel in out-of-school settings. The special educator has similar goals for the handicapped child and has traditionally been inclined toward flexibility in curriculum development. In short, special educators are friends of recreation; contact with the educational system should begin with them.

b. Directors of specialized and regular recreation programs should communicate with directors of special education programs. Initial meetings should involve key administrative and supervisory personnel in recreation and education; later meetings should involve staff more responsible for providing direct service to handicapped children.

c. Develop a tentative written proposal in advance which includes program purpose, goals, strategies, and ideas for evaluation. Such a proposal should be viewed as a point of departure for initiating discussion, planning, and action.

d. Don't attempt to "cover the waterfront" in program development in the schools. Consider involving certain districts, schools, and special education teachers who demonstrate interest in exploring a cooperative relationship for integrating recreation concepts into the school curriculum for handicapped children.

e. Involve the building principal(s) early in planning and program implementation. The principal is probably the single most influential individual in determining the success of efforts to incorporate recreation and leisure concepts into the curriculum. Regular administrators have increased responsibility for handicapped children as a result of mainstreaming and recent federal legislation. A major goal of the recreation profession should be to educate regular administrators to become natural advocates for recreation and leisure.

f. Become totally familiar with P.L. 94-142 and use it to good advantage. In proposing a program to the schools, stress physical education, recreation, and leisure education as important components of an appropriate education for each handicapped child. Be prepared to offer suggestions as to how recreation and leisure concepts might be incorporated into the IEP (individual education program) for each child.

g. Recognize the academic orientation of many teachers, administrators, superintendents, and school boards as an important factor affecting the success of efforts by recreation personnel. Approach these people with program proposals specific to leisure education instead of proposals stressing the need for recreation. Capitalize on the terminology of leisure education as a means of getting "a foot in the door."

h. Learn about special education program practices in the districts(s) served. Obtain permission from the special education director and building principal(s) to visit classrooms serving various disability groups and programs at each level of the curriculum. Learn terminology unique to special education and speak "the language" of special education personnel.

i. Involve representatives from local parent groups (e.g., Association for Retarded Citizens) in meetings with school administrators to help advocate recreation and leisure as necessary ingredients of an appropriate education.

j. Be data oriented! Provide specific facts about benefits of recreation and leisure for handicapped children and community resources available to support efforts in the schools. Identify recreation oriented activities being used by special education and/or physical education teachers and use this information as a basis for identifying needs, goals, and strategies for program development. Such a survey will also identify promising practices currently being employed but not communicated and will provide additional data to support program development.

k. Assure special and regular educators of assistance in the following areas: (1) program development and evaluation; (2) provision of information about research model programs and; (3) parent/teacher orientation; (4) communication with administrators, school boards, and other individuals and groups; (5) identification of funding and transportation resources.

CONCLUSION

My discussion of the developments in special education has focused upon the emergence of recreation and leisure as relevant components of the education of handicapped students. Emphasis has been upon closer communication between education and recreation; the need for increased interdisciplinary planning, program implementation, and evaluation; and the unique role of the therapeutic recreation consultant in assisting the educational system provide more meaningful services to handicapped children.

A major problem is the orientation of many educators toward academic values and goals. Although special education has demonstrated more interest in providing a comprehensive curriculum for the handicapped child, recreation is actually viewed as a low priority in education; consequently, it is encumbent upon the recreation profession to make a greater effort to ensure that preparation for leisure activity participation becomes an integral part of the curriculum for handicapped children. The need for changing teacher values toward leisure and handicapped students is critical as handicapped children are educated (mainstreamed) in classrooms that have not traditionally included recreation and leisure as part of the instructional program.

Although important, the successful integration of recreation concepts into school programs is a secondary problem. The more immediate challenge for special education and therapeutic recreation is to facilitate attitudinal change on the part of personnel in regular programs who now have increased responsibility for meeting the needs of handicapped children and youth. All professionals must learn to accept and appreciate human variability. Without an appropriate shift in values and attitudes, positive advances in curriculum development and service delivery (i.e., individualized programs, inclusion of recreation and leisure in the schools) will not be realized. Fortunately, change in the right direction is now occurring; with the support of P.L. 94-142, we can anticipate additional progress for special students. The exciting possibility in both education and recreation is that the knowledge and skills of special educators and therapeutic recreators can be utilized to improve the educational and recreational experiences for all children.

RECOMMENDED READINGS AND RESOURCES

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Major Information Services for the Handicapped

Request publications lists from:

1. PUBLICATIONS, National Association for Retarded Citizens (NARC), P. O. Box 6109, Arlington, TX 76011.

2. Council for Exceptional Children (CEC), Information Services, 1920 Association Drive, Reston, VA 22091.

Carol A. Leitschuh

Consultation in Municipal Recreation Agencies

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Editor's Note:

This article is not a comprehensive discussion of municipal recreation operations or the forces which shape policy and influence the delivery of public recreation services. Sufficient literature exists for readers who wish to expand their knowledge of municipal agencies and systems and/or follow-up on points mentioned in this article. Rather, Ms. Leitschuh explores the ways in which service delivery to handicapped children and youth may be enhanced when a municipal agency employs a therapeutic recreation specialist as a full-time consultant.

The same roles, functions, and benefits exist if an individual's employment as a consultant is jointly supported by several agencies within the community-based leisure service delivery system. Consultants may also be retained on a short-term basis to address one or more of the activities discussed.

Hopefully, the perspectives Ms. Leitschuh provides will stimulate municipal recreation agencies to consider employing full-time consultants to assist their staff and staffs at other community-based programs to meet the needs of handicapped children and youth (or all special populations) in their leisure time.

This personnel utilization model is relatively new, and few positions of this nature exist. The employment potential is considerable. The cost-effectiveness is high. The benefits to community participants are substantial. Readers are encouraged to pursue this concept in their community.

The public recreation movement began as a social welfare movement. Through the years, recreation advocates have espoused the right of each citizen to voluntarily participate in activities or experiences that enhance their life, provide enjoyment, and renew mind, body, and spirit. In spite of this pronouncement, handicapped persons in most communities across the country have traditionally been deprived of this right in ways which are well documented.

"Special (specialized) recreation," "special services," "special populations," "exceptional programs"—all are terms used in municipal recreation agencies to denote the service component that facilitates recreation experiences for people whose disability (or disabilities) inhibits access to and/or participation in regular programs. Each community offers a different level and different pattern of services to special populations.

The field of recreation must change and become more responsive if it expects to meet the leisure needs and interests of all people. Public recreation service delivery patterns must reflect the trends toward normalization and mainstreaming which seek to enable all people to experience life and participate in life activities in ways which are as close as possible to the norms and patterns of mainstream society.

Normalization

Normalization addresses human rights and dignity, realization of potential, and growth of self. It is a Scandanavian principle which involves the establishment, maintenance, and support of culturally acceptable and normative behaviors and environments for handicapped persons. Simply, if the "normal" individual is provided opportunities to work, play, go to school, establish social relationships, and travel, then the handicapped person should be able to do the same things according to his/her abilities in ways which are as close to the normal patterns as possible. Inherent in the implementation of this principle is the responsibility of society to create opportunities and provide an accommodating and supportive environment.

The normalization principle is concerned with patterns and rhythms: (1) a rhythm of the day (to get up, get dressed, and go somewhere); (2) a routine (to work and recreate at specified times); (3) a rhythm of the year (an awareness of the seasons, vacations, and holidays); (4) a rhythm of normal developmental experiences (to experience activities related to age level and not mental capacity); (5) sexual normality, i.e., at the readiness level (attending dances and movies, dating); (6) economic normality (maintaining a financial status within the socioeconomic framework). (Edwards)

Municipal public recreation agencies are mandated to provide community-based recreation and leisure services for all people, including the mentally retarded, deaf-blind, orthopedically impaired, hearing impaired, learning disabled, emotionally disturbed, and visually impaired. But are public agencies prepared to do so?

A Continuum of Services: Municipal Recreation and Handicapped Children and Youth

The mainstreaming concept is important in community recreation. Not all handicapped individuals belong at all times in totally segregated settings; rather, they need to find a place for participation within a framework—along a continuum—which promotes maximum integration into society. This framework should include totally integrated programs on one end and special programs on the other. In this way, handicapped children and youth may choose the opportunities which meet their needs at a particular time in their development.

Mainstreaming is a special education term which has varied meanings. Most frequently it refers to a process of integrating handicapped children into mainstream society to the extent of their abilities. (The term now refers to the integration process regardless of an individual's age.) Thus, if normalization presents the theory or form, mainstreaming involves the method.

Handicapped children are educated with nonhandicapped children; removal from the regular classroom takes place only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Weishahn) Therefore, mainstreaming indicates the need for a continuum of alternative educational patterns. Some students spend all of their time in regular settings; some spend part of their time in special classes; and others require almost totally specialized instruction but are encouraged to associate with nonhandicapped peers.

Mainstreaming is mandated by federal and state legislation. In 1975, passage of P. L. 94-142, Education for All Handicapped Children Act, reaffirmed the handicapped child's rights in public education. Educators are designing individual education plans around the specific needs of each handicapped learner. Whenever possible, a handicapped child must be allowed to participate in regular classroom programs. Other federal and state legislation also supports mainstreaming. The 1968 Architectural Barriers Act states that public buildings, including schools, must be accessible to handicapped users. Legislation also requires that services provided to "normal" individuals must also be provided to handicapped persons. Discrimination because of handicap is prohibited.

The normalization principle and the mainstreaming process have drastically altered educational service delivery to handicapped youngsters. Their influence is beginning to be felt in recreation service delivery. The therapeutic recreation consultant is in a position to facilitate mainstreaming in a municipal recreation agency by providing direct assistance and guidance on the design of a service continuum.

The following categories (adapted from Weishahn) illustrate the different levels of readiness and special needs which are represented in the total handicapped population in the community:

- Those who are capable of attending regular recreation programs and need little or no modification in programs, facilities, equipment, or leadership. Full integration with nonhandicapped persons is possible. The regular community recreation staff is generally ready to assume responsibility for them.

- Those who are potentially capable of attending regular programs but need guidance, instruction, encouragement, and/or other assistance before they are fully ready to do so. The consultant may work with regular recreation staff to find the best individualized approach to ease the transition. He or she may act in a limited direct leadership role. The regular staff then takes primary responsibility.

- Those who are not able to participate in regular programs all of the time. These individuals will require a combination of special programs, readiness programs, and integrated programs. The consultant may function in a direct leadership role and as an advisor to regular staff. The intent is to allow handicapped participants to move closer to their full potential for normal functioning.

- Those seriously involved or multiply handicapped persons who may never be able to function in the mainstream of society as it currently exists and, therefore, require highly specialized programs and considerable individualized attention. (If attitudes and environment were different, this group of people would be better able to join with their nonhandicapped peers.)

The consultant may have to devote considerable time to assisting the recreation staff determine how to serve this segment of the handicapped population. Because this group is usually excluded from most community service delivery patterns, it is important to begin devising appropriate programs for them early in the planning process even if actual program implementation will not take place until a later date.

MUNICIPAL RECREATION PERSONNEL

Many recreators view therapeutic recreation as separate and different from community recreation. However, basic programming techniques and knowledge are found in both community recreation and therapeutic recreation programs.

Community-based leisure service delivery for handicapped persons requires commitment and assistance of the regular community recreation personnel. It is important for them to realize that they have the basic skills for working with handicapped individuals. What they may need is additional training and assistance from their therapeutic colleagues whose focus is disability and difference to feel more competent and confident.

In general, when most people think of handicapped individuals, they think of individuals with severe or multiple handicaps. In reality it is important for people to realize that there is a range of handicapping conditions and that the majority of the handicapped persons are mildly handicapped. The implication of this reality is that only minor adaptations (if any at all) in programs and facilities are usually necessary for most handicapped persons. The community recreation staff working with these mildly handicapped individuals may need nothing more than extra sensitivity to their needs. In other instances, requesting assistance from therapeutic recreation personnel during program planning is in order when serving more moderately handicapped persons whose functional level and competencies necessitate more involvement of recreation personnel and additional modification to facilitate participation.

When persons are severely or multiply handicapped and/or when their handicaps are visible to the eye, it may become more difficult to secure the support of community recreation agencies so crucial to enabling participation of this group in community settings. Frequently, therapeutic recreation personnel are required to assume leadership. If they are not employed by the municipal agency, the problem goes unresolved.

Misinformation and stereotypes regarding disability and difference continue to sabotage mainstreaming and normalization. The assumption is made that all handicapped persons have below average intelligence. This assumption is false. The majority of physically handicapped persons have normal intelligence, and there is a range of mental capacity for mentally retarded individuals.

Many people maintain that handicapped people cannot experience happiness or enjoyment—that they don't know what is going on--they they cannot relate to others in social relationships. These assumptions are also false. Yet, these and many other perceptions or beliefs prevent community delivery systems from serving all citizens.

It is important for community recreation personnel to know that many handicapped persons have made positive gains in the areas of social development, self-help skills, emotional maturation, and physical mobility through the participation in a wide variety of stimulating recreation activities. (Pomeroy) Handicapped persons have the same basic recreation needs as nonhandicapped persons. They need to have fun, explore, learn, grow, and have the opportunity to break out of the ordinary routine. For many handicapped people, full-time, personally satisfying work is impossible. They have hours and hours of unfilled time. Participation in recreation activities becomes life-sustaining. They have the right to, and are capable of participating in community programs. They need the support and encouragement of community recreation staff to do so, as well the knowledge of therapeutic recreation personnel trained in community service delivery practices.

For a variety of reasons, many public recreation agencies do not employ therapeutic recreation personnel. Consequently, their staffs do not have access to the specialized knowledge and skill to facilitate inclusion of handicapped persons in community programs. Their training and experience base takes them only so far, in spite of their willingness to develop programs which serve all people.

I would like to explore with you one approach which may assist the public community recreation staff to meet the challenge of serving all people: creation of a full-time position for a therapeutic recreation specialist who serves as a consultant to the municipal recreation agency in matters affecting service delivery to persons with special needs. This individual is able to contribute the extra capability needed to make the community program "go."

THE THERAPEUTIC RECREATION SPECIALIST AS CONSULTANT IN MUNICIPAL RECREATION

Traditionally, community-based recreation programs for handicapped persons have been provided primarily in segregated settings; therapeutic recreation personnel are frequently employed to provide direct service. Mainstreaming and normalization trends will probably alter this tradition: Municipal recreation personnel will assume more and more responsibility for service delivery and leadership. Employing a trained therapeutic recreation specialist as a consultant is one way a public agency can meet the challenge of responsiveness to all persons who wish to participate in community-based programs.

The consultant may be the sole therapeutic recreation professional on the public agency's staff or he/she may be one of several therapeutic recreation personnel and assume a supervisory or coordinative role. Whatever the case, the consultant's primary responsibility is to enhance the agency's capability to respond to and include handicapped persons in its programs and prepare the community as a whole to create a more hospitable environment for persons with special needs.

The consultant as described does not generally assume a direct service role—program leadership and skills instruction. However, he or she may assume this role with severely and multiply handicapped persons (approximately 25-30 percent of the total handicapped population). The consultant may best benefit the 70-75 percent who are mildly or moderately handicapped by indirect service activities—in-service staff training, facility design, barrier reduction—which affect the service system and, therefore, the handicapped person's options for participation.

The consultant assists the municipal recreation staff to learn how to "do for themselves," to discover effective ways of solving problems associated with integrating handicapped persons into community programs, to increase their awareness of disability and difference and translate this awareness and new knowledge into responsive services.

The service needs of each community will differ. They may or may not involve many of the potential involvements proposed for a consultant in this section.

Needs Assessment

When a municipal recreation agency undertakes an assessment of the recreation needs of handicapped individuals, the consultant may coordinate the entire assessment process or conduct one or more aspects of it. Needs assessment is a complex process usually initiated to obtain data and perspective for formulating or modifying programs, strategies, and systems.

Assessing the need for recreation should services be the first step in developing programs, reorganizing service delivery patterns, and changing program focus. The consultant is sensitive to the life circumstances of ill, homebound, and disabled persons and understands the basic principles of programming to meet special needs. He or she also understands the difficulty of identifying this population group and may be able to facilitate the process.

There are other types of assessments in which a consultant may become involved: transportation needs; in-service training needs of municipal recreation personnel with regard to service to special groups; and identification of environmental barriers which should be removed in public and other community recreation facilities and areas.

Programming

While a consultant may not become heavily involved in direct leadership and program planning, he or she may assist staff to devise more effective and innovative approaches to programming which facilitate participation by handicapped children and youth.

The consultant may explore fully integrated programs requiring little or no adaptations; transitional/skill building programs which allow handicapped children and youth to gain sufficient competency to move into fully integrated programs; and segregated programs (housed in the same facility as regular programs) for those participants who choose to remain separate or who cannot function in an integrated environment. The consultant's intent is to enable everyone to find a place in a community facility and make the mainstreaming process proceed as smoothly as possible. (This subject is also addressed elsewhere in this paper.)

Staff Development

In-service training should be an essential component of recreation agency operations. Regular recreation personnel and staff specially trained to work with handicapped children and youth need the opportunity to improve their leadership and programming skills and increase their sensitivity to and understanding of this constituency. Personnel should have the skills to work as a team and assist each other as well as the participants.

A consultant may take an active (even primary) role in developing and conducting in-service training opportunities for the public recreation staff as well as staffs of other agencies within the community leisure service delivery system. It may be advantageous to organize a committee to guide the effort and identify speakers, facilitators, materials, and topics. (Attitudes are as important a focus as skills for in-service learning.) It may be possible to use the resources of neighboring academic institutions in the training process and involve recreation staff in conferences, workshops, and institutes sponsored locally.

The consultant may also be able to arrange (or strengthen existing) field work or practicum experiences at the recreation agency. In this way, staff have built-in opportunities to learn from the therapeutic recreation students and to assist students to prepare for successful job performance once they complete their degree requirements.

Volunteer Coordination

Frequently, involvement of handicapped persons (especially children, youth, and multiply handicapped individuals) in community programs necessitates a greater than usual staff/participant ratio. Volunteers are invaluable to all programs; they become even more highly valued in programs for special groups.

However, successful use of volunteers depends upon well-conceived job descriptions, orientation, training, and supervision. Municipal recreation agencies may not have the staff and resources to provide this foundation and support. A consultant may become involved in establishing and monitoring the volunteer orientation and training program. This activity may include: (1) formulating a recruitment program; (2) developing program guidelines; (3) preparing volunteer information/procedural manuals; (4) structuring orientation and on-the-job training experiences for both volunteers and regular agency staff; and (5) providing guidance to staff with regard to supervision and evaluation of volunteers.

The materials and training program developed for the municipal agency may be shared with other leisure service delivery units. If there is demonstrated interest, the consultant may conduct group training activities for municipal personnel and staff of other community agencies.

Related involvements to improve the volunteer program may include development of (1) audio-visual orientation/training tools, (2) public relations materials (public service announcements and newspaper articles), and (3) recruiting films and brochures. The consultant may also become actively involved in recruiting by visiting public schools, colleges, service clubs, and civic organizations. Handicapped persons may also be interested in becoming part of the volunteer corps and/or serving as trainers. The consultant seeks to establish a climate within the municipal agency which motivates volunteers and staff to cooperate and honor the contributions of each.

Involvement with the School System

The consultant's involvement with the school system is one way of expanding the continuum of service delivery. (A lengthy exploration of options is presented in Dr. Brannan's paper.) The consultant may assume many of the functions proposed for a therapeutic recreation consultant to the schools and/or assist the school consultant in various ways.

A consultant in a municipal recreation agency may find it useful to maintain contact with special and regular education teachers, parent groups, and school administrators. Outreach and child-find activities are facilitated, and participation of handicapped children and youth in community programs may be increased.

Formal, continuing involvement with the educational system may improve and/or expand the opportunities for participation in recreation programs during the day at the school. Children and youth may develop new interests and skills for their leisure time. The consultant may provide materials and guidance to enable teachers to be more responsive and realize multiple benefits from their educational programs that use activities to promote cognitive, affective, and motoric learnings.

The community school concept affords significant potential for cooperation between the education and recreation service delivery systems. The consultant may be the person to create a functional linkage.

Not to be overlooked is the mandate of P. L. 94-142 which refers to recreation as a related service. The municipal recreation agency should explore ways in which to meet the intent of the legislation. A consultant may be involved in reaching this goal.

Liaison and Local Coordination

A municipal recreation agency is one of many units within a community leisure service delivery system. Ideally, all units should work together to plan and implement responsive programs which meet the needs and diverse interests of community residents. Often, however, agencies go their separate ways because of unique philosophies and mandates, tradition, constituent preferences, and financial constraints. Coordination at the community level is one way of avoiding duplication of services and minimizing service gaps.

While it is desirable to preserve the autonomy and individuality of the service-providing units, the community benefits from resource coordination. One of the tasks the consultant may wish to undertake is to serve as the municipal agency's liaison to the private, voluntary, and commercial sectors and identify ways in which all may work toward improving the community's leisure lifestyle. Perhaps periodic telephone calls will suffice. Perhaps a full-fledged coordinating council will be desired by representatives of many agencies. Perhaps monthly or quarterly meetings are in order. Regardless of the form this liaison or coordinative effort takes, the municipal recreation agency may find this type of involvement beneficial as staff plans programs and pursues the goals of public service.

Another form of liaison activity involves other human service and health care agencies. The consultant may encourage referrals from institutions or sheltered-care residences and ease the entry of these individuals into public recreation programs. He or she may assist the de-institutionalization process by providing institution staff with information about community offerings which is then passed along to the persons making the transition to community life.

It is also advisable to consider regular contact with the media, government agencies, special interest groups, and advocacy groups. Information sharing and regular intelligence-gathering will ultimately benefit the municipal agency's service delivery.

Synergistic Programming

Closely related to liaison and local coordination is synergistic programming. Synergistic programming reflects a holistic way of perceiving. It looks at the total person, the total community, the total need. It requires coordination, cooperation, and teaming across agency boundaries. The hoped-for outcome is increased quality of program offerings. A publication of the Oregon Park and Recreation Society, Oregon Community Education Association, and the Oregon Association of Health, Physical Education and Recreation states: "Synergy means literally 'working together.' Not merely cooperation but a form of creative cooperation. As a word, it forces us to recognize that through such cooperation we can achieve greater impact collectively than we can through the sum of our individual efforts."

The synergistic concept has important implications for community-wide recreation service delivery. Among other things, it offers a way of maximizing resources, avoiding duplication of effort, eliminating service gaps, and creating complementary and supplementary roles for agencies within the service delivery network. In the ideal form, synergistic programming allows all agencies to put forth their "best shot."

There is a tendency for agencies to create a niche, to stake out and protect their territory, to promote their own programs. There are some rational, practical motivations for this isolationism, as well as those which are irrational and dysfunctional. A discussion of motivation is not appropriate here. However, it is important to note that although existing operational patterns have evolved over time and have become entrenched, there is no mandate that says they must be perpetuated in the future.

Agencies are part of the community structure—they exist for a particular constituency and are supported by it. Even in cases requiring completely independent operation, agencies have some latitude with regard to interagency contact, if only to share ideas or help solve common problems.

As with any other programming process, synergistic programming begins with the development of goals and objectives based on a needs assessment. Ideas generated for programs to meet the objectives are evaluated according to the agency's resources and constraints. The most desirable and feasible programs are implemented and evaluated periodically. The results of the analysis are used either to reshape goals and objectives if necessary or to revise the programs to make them stronger and more responsive.

The unique element in synergistic programming process is the availability of different types of program sponsorship to promote effective use of citywide resources. For instance, the municipal recreation agency may realize that there is a need for a specific new program. It has several options:

- It can offer the program alone.
- It cannot offer the program but suggests that one of the other community agencies offer it because of that agency's resources.
- It cannot offer it independently but can co-sponsor it with several other agencies. Co-sponsorship might involve provision of funds, or space, or personnel, or publicity, or transportation. An equitable arrangement is made to share the fees (if fees are needed).
- It offers to assume responsibility for an existing program of another agency because the municipal agency can offer a stronger program; in return, the other agency can undertake the new activity which is more in line with its resources and capabilities.

The success of this innovative approach depends upon many factors: (1) a viable coordinating group; (2) precise guidelines and responsibilities; (3) trust, open communication, and respect among participating agency representatives; (4) few legal prohibitions; (5) adequate needs assessment, planning, and program evaluation; (6) flexibility, willingness to part with tradition, and responsiveness to community needs. Accountability and sharing the burden are also crucial.

The consultant may be a catalyst for synergistic programming, which is one way of creating an expansive, responsive delivery pattern which meets the needs and preferences of community residents, including handicapped persons. Provision of a service continuum is more feasible when this approach is used.

Extramural Funding

Recreation departments never outgrow their need for new monies to supplement their budgets and expand program offerings, employ new staff, purchase additional materials and equipment, and improve their facilities. Locating funding sources, preparing proposals, negotiating agreements, and developing fund-raising projects may require more time, energy, and expertise than exist within a recreation department.

A consultant may perform an invaluable service by (1) identifying appropriate funding programs, (2) monitoring legislative efforts with financial implications, (3) assisting recreation staff to develop a sound justification for the annual budget request, (4) writing proposals, and (5) making contracts with foundations and other finding sources. The consultant may also provide innovative ideas for fund raising projects which directly involve handicapped community residents, thereby encouraging this group's participation and opening up opportunities for creating positive attitude change and increasing public understanding of disability.

(Resources for use in the grantsmanship process, a glossary of terms, and a brief overview of the grantsmanship process are included as an appendix.)

Environmental Barriers and Accessibility

Many people live their entire life without awareness of the myriad of ways the environment hinders the mobility of disabled persons. Loss of function or impaired function of body parts or sensory organs creates untold problems in a world full of obstacles.

Participation in recreation and leisure activities is significantly hampered for many handicapped individuals. They cannot find transportation to the programs, cannot move around in the facilities, cannot use the equipment, cannot comfortably meet their special self-care needs. Often their physical safety is threatened. Physical environment is not the only problem. Handicapped persons encounter unaccepting attitudes, discrimination, monetary barriers, and other problematical circumstances.

A consultant may be able to alleviate some of these problems by (1) increasing public awareness and understanding of disability; (2) working with public agencies to assure compliance with municipal, state, and national accessibility legislation; (3) assisting architects design and/or renovate facilities; (4) developing easy-to-understand materials including specifications and standards to facilitate accessibility; and (5) stimulating community residents to work with the Governor's Committee on Employment of the Handicapped and special interest groups to reduce barriers in transportation, office buildings, parking lots, supermarkets, movie houses, restaurants, theaters, banks, and other community service facilities.

If an expansive thrust is not possible, the consultant might concentrate on the issue of accessibility within the domain of the municipal recreation agency and work with personnel responsible for parks and other outdoor areas.

Research and Evaluation

A consultant may assist with routine program evaluation tasks and the development and conduct of small research projects in specific communities or on a citywide basis. Results of research and evaluation activities enable rational decision-making about programming, hiring staff, use of facilities and areas, strategies to achieve attitude change, and similar concerns. Research and evaluation activities can produce new perspectives, alternative approaches, new models, and guidelines for capitalizing on strengths and overcoming weaknesses.

Staff may use the consultant in many ways to enhance the research and evaluation effort. He or she may attempt to attract extramural funding for research and demonstration activities and/or work with students who demonstrate interest and expertise in designing research studies within the municipal recreation agency milieu. Familiarity with the literature of therapeutic recreation, rehabilitation, and other health care fields enables the consultant to apply what has already been learned to the unique circumstances of the new research. (One resource book for research and evaluation in education and the behavioral sciences in Handbook in Research and Evaluation by Stephen Isaac and William B. Michael; Robert T. Knapp, Publisher, San Diego, 1974.)

One of the foundations of community-based programs which accommodate handicapped persons is accurate evaluation of the readiness, activity skills, social skills, and special needs of each participant. A consultant may instruct regular recreation staff in various evaluation techniques and provide or develop functional instruments. The data resulting from the evaluations should be used to assist participants to gain the most benefit and enjoyment from their recreation experiences and to help them more toward greater independence and growth.

Advocacy/Public Education

The consultant has countless opportunities to promote community-based recreation programs for handicapped children and youth and to educate the public. He or she may hold staff meetings with other municipal agency staffs to increase their awareness and foster coordination. Other important vehicles are citizens meetings, television interviews, and newspaper articles. The consultant may meet with legislators and other policymakers, provide testimony, serve on interagency committees, and write letters to influential groups.

Whatever the involvement, the consultant must be certain that his/her activities do not conflict with the conditions of employment in the public sector or violate professional ethics. Conflict of interest may occur unless the consultant is constantly aware of the implications of his/her actions.

Transportation

Transportation to recreation programs is crucial. Lack of accommodating transportation may be one of the major reasons why handicapped persons do not participate.

The consultant may assess existing capabilities and attempt to coordinate/create transportation networks of public buses, school buses, special vehicles, agency vehicles, chartered buses, taxi cabs, and private cars. He or she may seek donations or funding to purchase vehicles. Contracting for transportation may be one avenue to explore. In all cases, the consultant should check on liability, legality, and similar matters.

Federal funding programs and health and welfare agencies may provide funds and/or transportation. The consultant may explore these possibilities and work to promote community involvement in improving transportation systems.

FUNDING FOR CONSULTANT POSITIONS

How might funding be obtained to support a full-time therapeutic recreation consultant? Each city must confront this question once interest is stimulated and practicality and feasibility become issues. Several options exist. Municipal agencies must take responsibility for exploring them in-depth and/or identifying other approaches. The task of locating funds may be less arduous if it is approached with enthusiasm, commitment, creativity, and a sound justification for establishing this new position. (Some of the approaches may be prohibited by legal constraints in various municipalities.)

- Creation of a hard-money position within the municipal agency's budget.
- Development of fund-raising projects to generate revenues specifically for this type of position. This approach is tenuous because each year sufficient funds must be raised to maintain the consultant's employment.
- Individuals wishing to make philanthropic contributions to the municipal agency may be interested in specifying that a portion of the contribution be applied to support the position in full or in part.
- Use of fees generated from recreation programs may be earmarked for this position.
- In the event of attrition, a vacated position may be converted to a consultant position and the salary adjusted up or down according to the situation.
- In the event of a change in agency goals and objectives, one of the existing positions may be converted to consultation.
- Foundations and private businesses may be approached through a proposal to provide small grants for a multiple-year period to support this position. During that period, the agency can attempt to create a hard-money position.
- Municipal bond issues represent another option. Included may be the use of a portion of the monies to employ a consultant.
- A research or demonstration project proposed to a funding agency may include a therapeutic recreation consultant as the primary project staff person. If the project is approved, the agency staff may seek ways of creating a hard-money position.

If the municipal agency finds no way to hire a full-time consultant, it may wish to create an interagency committee to discuss ways in which each agency may share the cost of the consultant position which will be designed to serve the entire city rather than just the municipal agency. If some agencies are unable to contribute funds, they may be able to make in-kind contributions—materials, meeting space, mileage reimbursement, preparation of a newsletter. One of the potential dangers of this type of arrangement is that the consultant may be too heavily burdened, confused by different agency philosophies and practices, and confronted by conflicts. There may also be the hazard of conflicts of interest.

Many of these problems can be avoided if a well-conceived, clear contract is developed which specifies the consultant's responsibilities and guidelines for the participating agencies. If this pattern is used, the consultant may wish to focus on group consultation, e.g., in-service training for participating agency representatives, development of resources for use citywide. The individual employed in this position should possess exceptional coordinative and human relations skills, be able to handle conflict, and be able to keep focus in the midst of heavy demands on his/her time.

If there is no way to employ a full-time consultant, municipal agency personnel might consider employing a consultant to assist them with a short-term project which would benefit constituents, personnel, and service delivery. Several agencies might also wish to consolidate financial resources and make it possible to hire a consultant to conduct a citywide needs assessment or develop an in-service training prototype or address the issue of architectural barriers.

CONCLUSION

There is usually a discrepancy between what is and what could be in any given service delivery system. Municipal recreation service delivery to handicapped children and youth is no exception. There are numerous ways of alleviating this discrepancy regardless of its cause. One approach is to employ a therapeutic recreation consultant to assist community recreation personnel to be more responsive to the needs of this constituent group and to work out strategies to create circumstances within the community which facilitate participation of persons with special needs.

The consultant is a supportive agent whose knowledge and skills complement those of community recreation staff; he or she may provide training, resources, and information and work to create a climate of acceptance for individuals whose physical and mental disabilities call for varying degrees of accommodation in programming and facility design. By pursuing an active program of advocacy and public education, the consultant may be able to generate critical support and cooperation, enable institutional change in government and community systems, and attract additional resources to improve personnel capabilities and service capacity.

A flexible partnership between consultant and municipal recreation administrators and direct service personnel may bring the service delivery system closer to actualizing its potential and thereby enable handicapped children and youth to actualize their potential and gain greater benefits from involvement in community-based recreation programs. It is evident that normalization and integration necessitate change--often widespread change--in public agencies and systems. Working together, consultant and municipal staff can respond to change more efficiently and effectively and create positive experiences for handicapped participants.

William Dayton

Consultation in Institutional Settings

Bill Dayton was born and raised in Keyser, West Virginia. He received his undergraduate education in elementary education at Shepherd College. Following two years of military service and graduate study in recreation at West Virginia University, he was employed as Therapeutic Recreation Director at Retreat State Hospital, Hunlock Creek, Pennsylvania from 1956 to 1960. From 1960 to 1970 he served as a staff member and Director of the Patient Activities Center for Education (PACE) based at Norristown (Pennsylvania) State Hospital. From 1970 to 1975 he was chief consultant for Patient Activities Services, Bureau of Mental Hospital Programs, Office of Mental Health, Pennsylvania Department of Public Welfare.

Currently Mr. Dayton is employed at Temple University (Philadelphia) in the Department of Recreation and Leisure Studies as the coordinator of a grant project funded by the Bureau of Education for the Handicapped, U.S. Office of Education. The project's mission is to develop a competency-based curriculum for professional preparation of therapeutic recreation personnel at four-year academic institutions.

I would like to provide a brief historical overview of the development of therapeutic recreation programs in institutions and explore the nature of consultation to patient activity personnel (including therapeutic recreation staff) in large institutional settings. The information and observations are drawn exclusively from my experience as a trainer and consultant in the Pennsylvania mental hospital system. It is my assumption that the system in which I worked is to a significant degree similar to and representative of other state institutional systems. Therefore, I hope that my experiences might be instructive to persons providing consultative services to a variety of institutions.

For 10 years I worked with the Patient Activities Centers for Education (PACE)—as a staff member from 1960-64 and as director from 1964-70. Housed in a Commonwealth (state) mental hospital in eastern Pennsylvania, the PACE unit was established in 1959 to provide in-service training to patient activity workers employed in the 19 public mental hospitals in the Commonwealth of Pennsylvania. Although PACE was originally intended to serve activity aide personnel, it's scope expanded and changed with the times. During its existence it provided a variety of workshops, seminars, and institutes for activity aides, activity department directors, therapeutic recreation personnel, and activity program coordinators. Some personnel outside Pennsylvania were also served.

The PACE unit also participated regularly in the planning and conduct of programs of all activity disciplines and annual statewide meetings of therapeutic recreators, occupational therapists, and industrial (vocational adjustment) therapists. Additionally, PACE staff (which usually consisted of two or three individuals) routinely visited the 19 state hospitals to (1) assess training needs and assist directors of activity departments in planning and conducting their own "in-house" in-service training and (2) provide consultation to individuals who had previously attended PACE training courses.

From 1970 to 1975 I served as chief consultant for Patient Activities Services, Office of Mental Health, Pennsylvania Department of Public Welfare. In this position, I worked as a team member with other staff of the Bureau of Mental Hospital Programs and other Bureaus to facilitate and maximize the effectiveness of mental health services for citizens of the Commonwealth, through both institutional and community-based programs. Part of this effort included direct on-site consultation to patient activity personnel in the state mental hospitals.

NATURE AND HISTORICAL DEVELOPMENT OF A LARGE STATE MENTAL HOSPITAL SYSTEM

The Institutional Setting — History and Focus

When I entered the Pennsylvania mental hospital system in 1956 as director of recreation in an institution in the northeast area of the state, there were 19 state hospitals in the Commonwealth; the total patient census was roughly 40,900. The smallest of these served approximately 700 patients, and the largest had a census of over 7,000. Though the number of institutions is the same today, the total census has been reduced to nearly 13,000. A number of institutions serve between 250 to 600 patients; the largest has a census of approximately 1,500.

Through the years, alternatives to institutional care have been implemented, admission requirements have been tightened, and treatment procedures and techniques have become more sophisticated and effective. As a result, the "time-in-hospital" needed for many newly admitted patients has been drastically reduced. In my opinion it will not be too long before one (or more) of the institutions in the Commonwealth will be closed or will, at least, cease to function as a state mental hospital. These realities of institutional operation bode well for a system whose size is cumbersome and in which change usually comes slowly. Recognition of the fact that change comes slowly and undramatically in a large bureaucratic system is important. Without this awareness a consultant may be inclined to push for and strive to effect change at a rate which will only confuse, threaten, and/or alienate the people he or she is trying to help.

Evolution of Large Institutions

An awareness of the development, history, and tradition of large institutional systems is also important for the consultant. A number of the institutions with which I worked began in the late 1800's and early 1900's as county poor houses to serve an elderly and/or deviant population whom families, general family physicians, and general hospitals for physical medicine were unable to accommodate and/or treat effectively.

In those days it was a common practice to establish these facilities in a scenic and supposedly therapeutic area. However, the locations were out of the mainstream of community life, often a considerable distance from population centers. Consequently, the residents of the institutions (and the institutions themselves) were "out of sight and out of mind." This approach is generally not sanctioned today, and continuing efforts are being devoted to tying the large state mental hospital into the continuum of mental health services and returning as many patients as possible to the least restrictive environment needed for effective care.

Because they were remote, many institutions became separate communities unto themselves. Most had their own heating, light, and power plants. Many had extensive animal farms and large produce farming operations which produced and processed essential food stuffs for consumption within the confines of the institution. In addition, dispensaries, carpentry shops, blacksmith shops, and general maintenance shops were developed to maintain practically all institutional operations and meet the basic living needs of both patients and staff. As a result, the institutions were generally independent of outside community service systems. Other services and facilities were developed which made it still easier for the institutions to remain separate and autonomous: chapels, libraries, canneries, fire departments, laundries, transportation systems, and greenhouses.

In the late 1940's and through the 1950's it was not uncommon to find that a fair number of hospital employees (including the superintendent, business manager, farm manager, fire marshall, doctors, nurses, and psychiatric aides) lived on the institution's grounds. On-grounds living arrangements allowed staff to avoid traveling long distances from surrounding communities and enabled personnel to be immediately available for crisis situations. Because salaries were low, housing and free (or inexpensive) food provided by the institution were attractive benefits and motivators for recruiting and keeping workers.

Patients' needs for work and play had to be met within the context of the self-contained, isolated institution. Structured and organized patient activity services (including recreation programs) began with moderately trained leadership and were independent of neighboring towns and cities.

Two types of programs emerged initially. One was designed to occupy a patient's idle time with constructive, productive, diversional, creative, and self-care activities under the auspices of occupational therapy services; the other involved patients in a wide variety of jobs in hospital maintenance and support functions (laundry, food service, maintenance, farming, for example). The objectives for such patient involvement were to meet their needs for productive work and to fill the institution's needs for labor necessary for its continued operation. By and large, the work program was prompted by good motivations although it fostered the undesirable condition of peonage. It was the beginning of the highly desirable and much needed service of industrial therapy, later called vocational adjustment services.

Subsequently, programs of a recreational nature began to emerge from the efforts of nursing and occupational therapy personnel. Some of the initial directors/leaders of in-hospital recreation programs were individuals with some background and/or experience in the field of physical education. Their programs consisted mostly of games, sports, and athletics. Mass activities were common. Little, if any, connection existed between formal treatment goals for individual patients and their participation except that such involvement was considered healthful. Some medical screening did exist of those patients for whom physical activities were felt to be contraindicated.

In 1950, an occupational therapist was employed as the first statewide consultant for patient activities in the Commonwealth. Her job was to determine what was being done, assess needs, and expand and develop programs to meet these needs. Interestingly enough, the patient activities consultant was the first consultant of any kind to be employed by the Commonwealth. Subsequently, consultants were employed in other disciplines including nursing, social work, psychology, industrial therapy, and therapeutic recreation.

The evolution of most clearly defined, clinically oriented, and adequately staffed programs in large state institutions has been developmental and gradual. The development of therapeutic recreation programs is no exception. It is not intimated that therapeutic recreation services have reached their zenith and have no room for continual improvement. Rather, it is expected that the future should and will see continuing and perhaps even more rapid changes.

Large State Hospital Systems Today

A simple yet important point has to be emphasized — no two institutions are alike. This observation holds true even though institutions may be funded in a similar manner, maybe administered as a part of the same system, may be staffed by similar kinds of personnel, may serve similar kinds of clients, may have similar geographic locations and physical plants, and may operate under similar philosophies. The concept of difference is a reality that a consultant must recognize and be guided by, just as teachers and parents come to know that no two students and/or offspring are the same.

Within any single large institution (or group of institutions) one is likely to find a wide range of patient programs and services, which usually encompass psychiatry and psychology, general physical medicine, nursing, social services, occupational therapy, therapeutic recreation, vocational adjustment, education, and others. Though many large state institutions are increasingly delimiting and refining the types of clients they can and will serve, a wide range of age and disability groupings may still be found within one institution (or group of institutions): mentally ill, retarded, and physically handicapped persons; drug and alcohol abusers; and criminal offenders. Service delivery patterns may include special and/or distinct skilled nursing and intermediate care facilities, pre-admission services, partial hospitalization units, and various forms of half-way and/or transitional programs.

Theoretical frameworks for treatment programs also vary. Within one, or among several large institutions, it is not uncommon to find: psychoanalytical individual and group therapy; "here-and-now" and reality oriented group therapy; various forms of token economy and behavior modification programs; group and individual counseling of various orientations; family therapy; social group work; remotivation programs; various forms of "step-oriented" programs in which patients are assigned increased responsibilities and allowed increasing privileges and freedom commensurate with the level of their behavior; and a wide range of action-oriented therapies, including therapeutic recreation, occupational therapy, vocational services, music therapy, dance and movement therapy, art therapy, and others. A large majority of clients are following some sort of chemotherapy regimen.

Increasingly, individualistic approaches to patient treatment are being employed for a number of reasons:

- An increased staff/patient ratio, as the patient census decreases and staff complement stays steady.
- Slight increases in staff allocations and/or reallocation of existing staff positions from hospital support to clinical functions.
- Increased use of volunteers in an expanding number of functions.
- Continued efforts to recruit and develop staff to meet the requirements and standards imposed by such agencies as the Joint Commission on Accreditation of Hospitals; Medicare and Medical Assistance (Medicaid) programs; federal and state grant programs for hospital improvement; professional groups (e.g., physical therapy, occupational therapy, therapeutic recreation, etc.); and third-party payers (insurance programs).

Also on the increase are other types of programs and practices aimed at increasing the quality and effectiveness of patient treatment programs:

- Increased utilization of multi-disciplinary clinical teams to perform client assessments, determine specific and measurable treatment goals, and devise coordinated programs intended to aid the client in attaining these goals.

- Increased involvement of the client and his/her family in the processes of goal setting and program planning.

- Increased and more effective methods of documenting the effects of treatment on individual patients (e.g., the problem-oriented medical record).

- Utilization of computers for a variety of purposes, including: (a) client tracking and census reports; (b) storage and retrieval of patient records; (c) regular print-out reminders of the need for medication and/or treatment plan reviews; (d) administrative record keeping, reporting, and planning systems, which increase the speed and accuracy with which these functions can be accomplished and at the same time keep the number of administrative staff needed at a minimum.

- Peer review processes designed to promote effective and ethical personnel and program practices.

- Expanded client/patient use of legal services to protect their civil and human rights and assure due process and adequate attention to grievances.

Types of Personnel

The development and recruitment of activity personnel in Pennsylvania state mental hospitals have evolved through three somewhat distinct time periods: (1) prior to 1950, (2) 1950 to the early 1960's, and (3) early 1960's to present. Some brief and generalized comments about each follow.

Prior to 1950. Program and personnel developments during this period were largely unplanned and reactionary rather than organized, planned, and goal-directed. Patient census in institutions was increasing, and, as a result, a wider variety of needs were being highlighted, including the need for constructive and wholesome use of leisure. The emphasis upon recreation services which existed during and following World War II was still present, and several other states (e.g., New York) were giving attention to the provision of such services within large, state-supported institutions.

In her initial visits to the hospitals in the Commonwealth, the first patient activities consultant found a total of six registered occupational therapists, a variety of employees working with patients in productive work areas (industrial therapy), and relatively few employees who were providing services in the areas of music and physical education. The latter represented the first recreation personnel.

1950 to the early 1960's. The patient activities consultant was involved in two major undertakings. She visited and surveyed state institutions for the mentally ill to determine the existence and/or absence of patient activity programs. These visits and surveys formed the basis for setting priorities and planning of future change.

The second major task was the establishment of a Departmental (Department of Public Welfare) Committee on Patient Activities in State Mental Hospitals. Appointed by the Commissioner of Mental Health in 1952, this interdisciplinary committee included two physicians, two occupational therapists, a music instructor, two nurses, and a social worker. The efforts of this committee are too numerous to be fully reported here; however, it's findings and recommendations, along with the continued efforts and follow-up of the activities consultant, represented the first true attempt to structure and plan patient activities in Pennsylvania state mental hospitals. Some of the major areas investigated by the committee and for which recommendations were made included:

- Definition and articulation of the goals and objectives for and differences among the services of occupational therapy, industrial therapy, and recreation and facilitation of coordinated planning among these and other institutional services.

- Standardized reporting of activity program services.

- Personnel classifications to accommodate activity personnel and suggested patient activity personnel-to-patient ratios.

The work of this committee provided significant support to recreation and other patient activity services and the framework within which substantial growth occurred in program development, recruitment of personnel, and definition of services.

Early 1960's to Present. In my opinion, this period has been characterized by continued redefinition and refinement of recreation and other activity programs. Cooperative and interdisciplinary efforts toward client assessment, goal setting, and therapeutic programming have continued to increase. During this period the third (and current) major (Pennsylvania) classification system of therapeutic recreation personnel was adopted. The use of volunteers in all aspects of therapeutic recreation service has increased. Sustained consideration has been given to innovative, cooperative institution-community service linkages.

The current personnel classification system for therapeutic recreators employed in Pennsylvania state mental hospitals includes 10 classes--three at the subprofessional level and seven at the professional level. The classification system is intended to foster upward mobility and provide career potential. Each of the levels is seen as preparation for the next; at the same time, each may be either an entry or terminal point depending upon the experience and/or training an employee brings to or acquires on the job, as well as the fiscal allocations and staff complement of the institution.

Activity Aide I (the lowest category) requires successful completion of a four-month training course or one year of paid experience in work with persons with mental, emotional, or physical disabilities. Therapeutic Recreation Worker VI (the highest category) requires eight years of appropriate professional experience in patient activities or other allied professions, including five years in an activity speciality. Training is to the masters degree level. Equivalent experience may be substituted for a masters degree only. The former position entails the conduct of planned patient activities; the latter position involves administrative/supervisory work in the statewide coordination and improvement of patient activities in state institutions for the mentally ill and retarded.

All of the positions fall under the Pennsylvania State Civil Service System. All applicants must complete a civil service application, take a civil service test and/or meet a civil service credential review. Candidates for employment are placed on eligibility lists according to exam and/or credential review scores, and institutions are required to hire from these lists as vacancies occur.

CONSIDERATIONS IN THE PROVISION OF THERAPEUTIC RECREATION SERVICES IN LARGE STATE INSTITUTIONS

As I grow older and, I hope, wiser, it seems to be more and more a part of my nature to recognize the polarities of situations, the ambiguities and cycles of life, and the dichotomies frequently found in situations and systems. It is my feeling that in a rapidly developing society the growth and change of systems within it present many continuums and many "shades of gray."

This reality of relativity is important for the consultant in institutional systems. If he/she fails to consider the nuances and ranges of difference within situations, the tendency may be to make quick value judgments and proceed to praise the good, damn and/or reject the poor or not so good, and, therefore, deny a part of reality. To do so, I believe, decreases the consultant's potential for contributing in a helpful way and also decreases his/her effectiveness in promoting growth and change over a sustained length of time.

Funding

Funding presents significant problems. As is commonly known, the therapeutic recreation movement is young and still in the process of developing its philosophy, objectives, and service parameters, and demonstrating its value through quality programs. It is still perceived as an ancillary, allied, and/or support service by some personnel from other professions and by some public and professional standards and regulatory bodies.

There is no doubt that these perceptions hinder the realization of adequate and desired levels of funding for therapeutic recreation programs. In addition, some intra-institutional factors have a negative influence upon the funding situation. As late as 1970, I found that a number of directors and coordinators of therapeutic recreation were not substantively involved in the annual budgeting process within their institutions. Most were expected to (and did) submit annual budget requests; however, few had subsequent input and opportunity to defend and justify their requests or participate in examining and revising the total institutional budget to conform to the final allocation. This situation seemed predominant in institutions in which the administrative services were weakest and the director and/or coordinator of therapeutic recreation services (1) did not have previous training in the administration of therapeutic recreation services, (2) did not have a program that consistently demonstrated a measurable and/or "felt" value within the treatment/habilitation process, and (3) had more nonprofessional than professionally trained members on staff. It is my guess that these same conditions still exist to some degree today.

On the other side, there are some encouraging developments. It is becoming more necessary (and fashionable) for public officials to demonstrate a higher level of accountability in the allocation of tax dollars and to demand the same of personnel who expend public funds. As a result, institutional personnel at many levels have received in-service training in fiscal and administrative practices and procedures. New budgetary systems have been adopted (PPBS--Program Planning Budget System, for example). These developments and practices have helped to highlight the need for recreation services for clients. As a result, therapeutic recreation services have gained greater visibility in the politico-governmental arena through which funding for institutions is derived.

Additionally, recent laws, standards, and regulations affecting state institutions for the mentally ill point to an increasing need for and require greater levels of recreation service and provide some leverage for obtaining appropriate funding levels. This new "clout" was not developed easily or quickly; it evolved by way of considerable public education and toil by dedicated practitioners, educators, and members of professional therapeutic recreation organizations.

Environmental Conditions

It is somewhat paradoxical that the circumstances which allowed and supported the institution's isolation and and independence and created many of the current problems also created a number of enviromental factors that are to be advantage of therapeutic recreation service:

- Transportation (cars and buses) for trips into the community.
- In-house maintenance service that can help design and construct a backstop for the softball diamond and ramps for inaccessible areas and make simple repairs on record players, sports equipment, etc.
- Graphic arts service that can aid in printing recreation schedules and announcements of special events.
- Dietary service that can provide refreshments at parties, holiday celebrations, picnics, etc.
- Library services for use in patient ward areas and in in-service training and program development.

Additionally, the typical large institution has many outdoor and indoor areas that are adaptable for use as recreation areas. I have seen old dayrooms and chapels converted into gymnasia; segments of large dayrooms and dormitories converted into attractive multi-purpose recreation rooms; and a large farming area converted into a first class softball diamond. There has even been the creation of a nine-hole golf course.

In short, the size and design of many large institutions work positively for the imaginative recreation staff who can see the potentials of the structure and surrounding lands and utilize available hospital and community resources for recreational use. The trick, as has been mentioned before, is to avoid that separateness from community which works against mainstreaming and isolates patients from life outside the institution.

One final word on environmental conditions. The large institution tends to be drab in many ways. I'm not sure why. It may, perhaps, be a matter of economy—buying large quantities of the same yellow or beige paint to be used everywhere--wards, halls, dayrooms, dining areas. Though great improvements have recently been seen, particularly in new structures built within the past decade and recent building renovations, this "sameness" in the large state hospital can still be found. It is my firm belief that a recreation service in cooperation with many other services (and particularly nursing and occupational therapy) can do a lot to make the environment a lot brighter and a lot more humane and stimulating by:

- Providing magazines and newspapers on wards.
- Displaying schedules, calendars, and posters in wards and on bulletin boards.
- Using arts and crafts projects (mobiles, for example) in the decoration of a work recreation area.
- Making a project of painting a mural on a large wall or hall area in a patient building.
- Using a volunteer group in the "humanizing" of a ward area and brightening the patients' environment.

Personnel

In any large system there are highly trained and competent employees as well as those whose performance and expertise leave a great deal to be desired. By and large, it has been my privilege to see a constant upgrading of and improvement in the quality of personnel who serve clients in the context of the large state institutions.

The history of personnel acquisition in these settings has included a number of practices that have made the development of top notch personnel difficult, to say the least. At one time appointment to a job in a state hospital may have been a highly political affair—to the extent that an employee was approached and expected to contribute financially to the party that appointed him or her. This practice (less common today) did not necessarily attract the most qualified personnel.

Additionally, when an institution served as the largest employer for a small surrounding community, it was not uncommon to find two or more members of the same family employed at the local institution. Though highly dependable and dedicated employees were recruited, there were some undesirable aspects of this practice. Employees and their families could become highly dependent upon the institution for their subsistence and perhaps a bit hesitant to adopt and/or institute any sort of change. Employees, too, could become "institutionalized" and, therefore, less effective.

Finally, it is my opinion that any type of highly structured civil service system—though it may offer many benefits in the form of personnel testing, screening, and selection practices—tends to offer a degree of protection and employment security for employees that can result in a lesser degree of turnover in personnel than may otherwise occur and be desirable. In instances where hospital employees are unionized, some of the same kinds of advantages and problems are often heightened.

Though room for improvement always exists, it is my impression that the caliber and competence of employees in large institutional settings are higher today than ever before. I believe that this trend will continue as salaries become more and more competitive with those in industry and as personnel standards in most health care disciplines continue to be developed and enforced by hiring agencies, state and federal departments, and professional organizations.

Programs

In previous sections of this paper comments have been made about the range and quality of programs found in large institutional settings. In general, programs are becoming more defined, better planned and executed, and more individualized. Program components are regularly reviewed to increase and insure their effectiveness.

I believe that the large state institution will continue to refine and delimit the services it delivers. As community mental health programs continue to develop and expand and become able to effectively serve a wider range of clients in less restrictive environments, the role of the large state institutions will have to change. We have already seen the beginnings of such changes. My hunches about the future for large state institutions are that they will:

- Continue to decrease in size and level off in capacity at between 200 and 400 and that some will close.
- Develop small units for the treatment of the acutely ill who do not respond to or cannot be safely contained in an existing community-based service.
- Become more and more an integral part of the continuum of mental health services of a city, county, or state.
- Become less and less the repository for the chronically ill.
- Become more and more centers for training and education of workers in the field of mental health by virtue of their capacity to serve the most difficult and severely ill clients.
- Increase their research efforts.

I hope that my hunches are realized. If they are, insititutional personnel and programs will have to accommodate and adjust to a host of changes. The role of the consultant in aiding and facilitating such change may become of vital importance. Old programs and services will be discontinued, and new ones will have to be designed and implemented. Some personnel will have to be released and/or re-assigned and utilized in community-based mental health services.

Compliance with Standards and Regulations

In my judgment, the last five to eight years has been a period of fairly rapid and extensive development of standards, regulations, and laws that impact on the provisions of services to ill and handicapped persons. This trend will probably continue. In light of these controls, I would like to make several points that I believe are relevant for the consultant:

- The resources (personnel, financial, and others) of large institutions are often sorely taxed as institutions attempt to comply with requirements. Some institutions are able to meet standards for accreditation, others are not.
- Compliance generally requires change; change does not come easily; for a period, at least, there is usually additional stress. Periods of short tempers, increased ambiguities, and general unrest characterize the operation which is attempting change.

It is my feeling that there is such a thing as a "standards/regulations gap." By this I mean that as standards and regulations are developed, institutions will generally be expected to go beyond their existing capabilities; there will be a period of time when what is mandated exceeds what can be accomplished. Just as the generation gap taxes the adjustment and understanding of both children and parents and as the technology gap results in a discrepancy between available knowledge and what can be applied to daily living, so the "standards/regulations gap" will continually stretch and tax the institution's ability to comply. This is probably as it should be. Perhaps one way in which the consultant can help the institution is to translate new mandates, see implications, and facilitate planned, sequential change that is aimed toward eventual compliance.

SOME SPECIFICS ON THERAPEUTIC RECREATION CONSULTATION

The final section of this paper focuses upon specific information relevant to the consultant in therapeutic recreation: types of service requests, involvement of institutional and non-institutional personnel, information and resources needed, and special problems.

Types of Service Requests

The nature of requests for consultation will be dependent, to some degree, upon the nature of the individual institution; the stage of development of the therapeutic recreation program and other program services; the institution's human and non-human resources; and the type and degree of articulation the institution has established with community-based mental health programs. In spite of these and other variables, it is possible to identify characteristic service requests which may confront consultants in both large and small institutions.

The therapeutic recreation consultant may be asked to:

- Assist in the development of a philosophy for the therapeutic recreation service.
- Assist in the development of an in-service training plan or program and/or conduct a specific in-service training session.
- Provide input into the design of new recreation facilities and those proposed for renovation according to the needs of participants and resources/constraints of the institution.
- Guide the re-organization of the recreation department from a centralized to a unit system or vice versa.
- Work toward the improvement of interdisciplinary relationships within the institution and develop a sound rationale to justify the worth/value of the recreation program to other disciplines and the administration.
- Provide specific suggestions for program components that should be included in a comprehensive therapeutic recreation service system.
- Suggest specific activities and/or processes that need to be included and/or considered in the provision of a special event and/or specific program for a certain age or disability group.
- Interpret various research, standards, and regulations and make suggestions for using existing resources in order to comply with them.
- Assist the recreation director in handling a personnel problem.
- Help the recreation director find ways to justify and effect upgrading and/or promotion of employees (including himself/herself).
- Explore ways in which the institution's recreation department might work cooperatively with community recreation departments.
- Provide assistance in identifying and structuring job descriptions for individuals, volunteers, and volunteer groups that will help the therapeutic recreation department enlarge and expand its services.
- Consult on the development of a budget.
- Provide suggestions for ways in which to evaluate programs and employee effectiveness.
- Help construct a job description for a new employee in harmony with the institution's classification system and in a way that enables the recruitment of the most suitable and qualified person.

- Mediate a cleavage and/or disagreement that may have developed between the therapeutic recreation service and another institutional service.
- Suggest suppliers of equipment and materials (especially when new programs are being developed).
- Help the recreation department promote a new program idea to the hospital administration and other disciplines.
- Assist in the design of recordkeeping and equipment/supply inventory systems.
- Suggest methods for staff scheduling and rotation to create maximum program hours from available staff resources.
- Assist the institution's administration to evaluate the therapeutic recreation service, identify its strengths and weaknesses, and indicate ways in which it may be improved.
- Just be available as a sounding board to the recreation director and staff without pressure to provide and/or suggest specific answers or recommended changes.

Institutional Personnel Involved

The therapeutic recreation consultant may find it necessary to meet and work with a variety of institutional personnel. In fact, I would encourage the consultant to expect that over time, he/she may be expected to confer with employees at all levels from practically every discipline represented in the institutional setting.

In my work, I have had to meet with top administrators and clinicians as well as recently employed recreation aides. As a general rule, I have found myself working most frequently with the administrative/clinical director(s) and other department heads, particularly those in nursing, volunteer resources, and other patient activity disciplines (occupational therapy, vocational adjustment services, and music, dance, movement, and art therapy). In institutions that operate under some form of unit system, I have spent a fair amount of time with unit directors.

If an institution is in a line relationship with a regional and/or state office (and most are), the consultant should also expect to be involved with personnel from these offices.

Non-Institutional Personnel Involved

The therapeutic recreation consultant may find himself/herself in contact with a diverse group of personnel outside the institution:

- Community recreation personnel—to explore potential linkages and/or cooperative program efforts between institutional and community-based recreation services.

- Fraternal, civic, and religious groups—to communicate the purposes of therapeutic recreation services and to enlist volunteers.
- Federal and regional office personnel—to obtain data and greater understanding of regulations published in Federal Register.
- Union representatives and negotiators—to discuss the application of the Fair Wage and Hour Law to patient workers in institutions.
- Consultants from other patient activities programs and other diciplines--to provide team consultation to an institution.
- Members of state, regional, and central offices of mental health, personnel, and administration—to obtain up-to-date data or discuss problems/issues in preparation for or as a follow-up to an institutional visit.
- Civil Service Commission officials—to aid in the construction of tests for patient activities personnel or to seek clarification of rulings concerning classification of personnel.
- Representatives and/or officers of professional organizations—to discuss advantages of membership and learn about the organization and its practices or to represent the state on specific issues.

This list is not intended to be exhaustive. As a general rule, contacts with non-institutional personnel grow out of the in-institution consultative process. Such contacts are available and necessary when the consultant needs to obtain, give, or clarify information as part of a consultation with institution personnel.

Essential Information and Resources

Consultation is facilitated when the consultant is aware of and has access to a wide variety of information and resources. It is, therefore, incumbent upon the consultant to keep abreast of developments and resources in recreation and related fields. In addition to bringing this knowledge to bear, the consultant needs to gather and put into perspective such information as: (1) the history of the institution, (2) the past performance and behaviors of the persons he/she is working with, and (3) his/her knowledge of regulations, rules, and practices that affect the focus of the consultant.

Time—one of the consultant's most valuable resources—should be used wisely and efficiently. The consultant needs to be somewhat flexible and able to alter his/her schedule. Often an assignment may terminate earlier than planned or an additional one-half day or total day may be necessary to complete the work. Occasionally, the consultant is asked to attend to an urgent request which takes priority. In this case, he or she must make certain to notify those individuals whose work must be postponed.

The consultant needs a reasonable amount of filing space and a telephone. It is desirable to have secretarial help who can decipher and make sense out of notes taken hastily, respond professionally to calls, and keep accurate phone messages.

Special Problems Facing Consultants in Institutions

In my experience as a consultant to large institutions, I found that a majority of the problems I have encountered can be grouped into five areas: access, confidentiality, complexity/interrelatedness of institutional functions, human resistance to change, and stigma. Access, confidentiality, and resistance to change present potential problems to all consultants, but may be more pronounced in a large institutional setting.

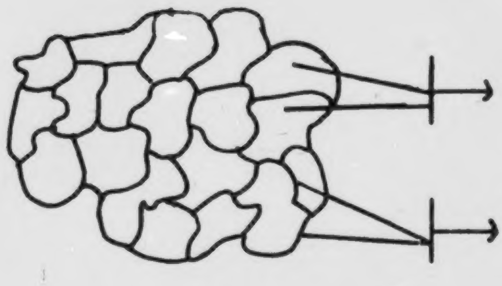
It is wise for a consultant to be aware as he or she enters the consultation setting of some of the pitfalls that may exist and be ready to address them as necessary.

Access. If a consultant is in any way blocked from access to data or human resources relevant to the consultative mission, his/her effectiveness is decreased to some degree. I have experienced limited access and have seen other consultants experience it too. In some instances, the consultee withholds information. Often when I have been able to work it through, I have found that the consultee felt embarrassed or incompetent about a particular situation or was reluctant and fearful about showing himself or herself in an undesirable light. TRUST between consultant and consultee is crucial. The consultant must prove and demonstrate his or her trustworthiness in action over time.

Confidentiality. It has been my experience to have a consultant give information to me and then ask that I keep it quiet. Or the consultee prefaces what he/she is about to tell me with, "This is just between you and me, but. . . ." These are awkward situations; I am not sure that I just yet know the best way to handle them. What I have usually found myself doing is letting the consultee know how this type of sharing puts me in an awkward position. I also strongly encourage the consultee to share openly as much as possible among the total group involved, especially in those instances where the data have relevance to and impact upon the subject matter under consideration. Though not always, I have generally been satisfied with the results of this approach, although it is not always satisfactory.

Compexity and Interrelatedness of Institutional Functions. Envision the institution in terms of the following diagram:

Total Institution


Each cell represents a different service and/or department

Each line is like a rubber band

I think somewhere in management literature this concept may be referred to as the "rubber band theory." A change in the internal structure of a cell results in a stretching or contracting of the boundaries of that cell, which alters the configuration of the boundaries of all other cells and, therefore, their internal structures. The point is that an institution is a complicated entity. For example, a change in meal time made by the dietary department would very likely require adjustments by nursing staff (medication schedules), by recreation personnel (programming), by housekeeping (clean-up), and, very probably, by other institutional services. A consultant needs to be acutely aware of the interrelatedness of functions so that efforts to produce change in one area do not create a setback in another area. The implications of each strategy should be thought through.

Human Resistance to Change. The consultant would be wise to read the literature on individual/group willingness and resistance to make and accept change. Without such knowledge, considerable frustration, anxiety, and hostility may be generated unnecessarily. Change of any kind or degree may be perceived as a threat and avoided at all costs, even if it appears to be desirable. A consultant should always be aware of the possibility that the individuals and systems involved in or affected by a consultation may not actually want and/or be ready to alter attitudes, change behavior patterns, or embrace new ideas and concepts. An effective consultant is sensitive to the difficulties involved with his/her role as change-agent and proceeds with care and caution. Too much change too rapidly may be disasterous for all concerned.

Stigma. I believe that some professionals and a large part of the lay public still view institutions in a negative way and attach a stigma to institutional residents and frequently to the personnel serving them. Because of the persistence of the traditional devaluing of institutions, it is very possible that in spite of the positive changes that occur in the environment and operation of institutions, there may be only a small change in attitudes held toward them. Personnel and residents in institutions may also view themselves in an unfavorable light. Their attitudes may be influenced to a greater or lesser degree by the perceptions of "the outside world." This negative perception may foster apathy, hopelessness, and negative self-fulfilling prophecies.

The consultant should take these attitudes and perceptions into account when working with institution and non-institution personnel and understand the potential they have for hindering innovation and change. The consultant may wish to address the issue of stigma inside and outside the institution's walls.

FINAL COMMENTS AND MUSINGS

As I contemplate the consultative process, several guiding principles occur to me. Although they are not necessarily related, they form a sound basis for action. The consultant who keeps these points in mind may be able to facilitate constructive action, improve relationships, and take more advantage of the possibilities for change.

1. To paraphrase Teddy Roosevelt: "Speak softly, listen mostly, and carry a flexible and empathetic stick."

2. The consultative process hinges upon facilitation of (a) problem identification, (b) development of alternative solutions, and (c) decision making. With this in mind, a consultant can keep on the track and make most efficient use of time and effort.

3. The stated problem is often not the real problem. I have found that very often the overt request for assistance may represent only a part of the real agenda or may be used as the mechanism to call in a consultant who, once there, is asked to focus upon a completely different concern. Although it is natural for a consultee to want to get as much help from the consultant as possible, the consultant should be aware that something unknown may lie around the bend.

I have employed two techniques to help me handle this type of situation; however, I don't think it can be entirely avoided unless the consultant is extremely rigid and unresponsive to expressed needs. First, I ask the individual who is requesting service to put the request in writing and state the subject and/or problem as clearly and succinctly as possible. Second, before making a visit to the institution, I ask that the consultee clear the service request and focus with his/her immediate supervisor and institutional director. I have generally found these to be valuable and effective techniques. This approach helps to identify the topic of concern and keep it in focus and avoid, as much as possible, the problem of unstated and/or hidden agenda items.

4. The consultant must be aware of and go through correct channels. I mentioned before that if a consultant is requested to visit an institution that is administered by or is in a line relationship with a regional and/or central state office, he/she must inform and involve these agencies. In some instances the regional and/or central office may reserve and exercise the right to approve a consultation service request and the agency or individual to fill it. Additionally, these agencies may want their representatives to accompany the consultant during his/her visit to an institution. Good public relations are maintained and consultative work is facilitated when the consultant identifies and makes appropriate contacts before any direct consultative services are undertaken.

5. Touching base with the institutional director is a must. This is, in part, an extension of principle 4, but relates to the organizational structure of the specific institution. I have found it a highly desirable, effective, and profitable practice to either meet with or contact the institutional director by phone immediately upon arrival and prior to my departure. This approach is an ethical and courteous practice; it also provides the consultant with an opportunity to clarify the objectives of his/her visit, get a handle on top-level concerns and priorities, and provide some immediate feedback and reporting on the results of the visit.

6. Closure of and follow-up to the consultation are important. When a consultant is about to terminate work with an agency, he/she should be aware of and give attention to the process of closure, which may involve (a) setting a time for a follow-up visit, (b) writing a report summarizing the consultation and offering recommendations, and (c) following through on gathering and sending data to the consultee.

It is important that the consultee and consultant be clear about what (if anything) is expected of the consultant after he/she leaves, and it is critical for the consultant to meet these expectations within a reasonable time frame.

7. Team consultation has its advantages and disadvantages. In general, I have enjoyed team consultation and have found it to be most effective when a visit last two or more days, when program development and evaluation issues are to be addressed, and when multi-disciplinary concerns are involved.

On the plus side, team consultation provides each team member an opportunity to share ideas and perceptions as the involvement with the institution evolves. Diverse backgrounds and experiences often enrich the outcome of a consultation. Team members can use the small group situation to assess the problem at hand from a number of angles, brainstorm alternative strategies, formulate appropriate questions to ask those involved, and share the responsibility for securing information. On the minus side, team consultation is obviously more costly. The presence of a group may cause institution personnel to feel threatened and overpowered, thereby hindering the work effort. In the event that conflicts and power plays arise within the team, the benefits of the consultation to the institution may be decreased. Disharmony may create new problems for the consultee and seriously affect the credibility of each team member.

8. There are certain behaviors and attitudes which facilitate and consultative involvements, although consultative style is basically an individual matter. Many of the problems which often arise may be avoided entirely or lessened if consultants adhere to the following guidelines.

- Listen, listen, listen; get the lay of the land before giving advice or imposing structure.
- Ask questions rather than make recommendations as a way of helping the consultee arrive at his/her own solution and/or answers.
- Try to make the consultee comfortable with raising questions to facilitate joint exploration of a problem.
- Avoid making the consultee feel foolish or "put down" when mistakes are made. Recognize the humanness in making errors, admit to your own, and use them as the basis for change.
- Through modeling, help the consultee adopt an open, empathetic, and cooperative method of working with people.
- Be aware of the power that consultees may ascribe to your position and how such perceptions may affect the relationship with you. Use what authority you may have as sparingly as possible.
- Be constantly aware that in a true consultative relationship, the consultee decides whether to use or ignore all or part of your advice, suggestions, and recommendations.

SUMMARY

Consultation, regardless of the setting in which it occurs, is primarily a process as opposed to a procedure. It is a matter of one person (the consultant) attempting to be of assistance to another person (the consultee). Effective consultation is based on mutual trust, sharing, openness, and honesty between or among the parties involved. It is less one person pointing a direction or telling another person what to do and more two people jointly exploring alternative solutions to problems and deciding on actions to be taken.

Consultation to therapeutic recreation services is not carried on in isolation. It is interdependent and interrelated with other program services and must be conducted with these factors in mind.

Though there are some desirable knowledges and skills for the consultant to acquire, the development of a consultative style is a highly personal matter. A consultant's effectiveness is determined by a variety of factors which include his/her knowledge of therapeutic recreation and other health service professions, confidence and maturity, philosophy of how to work with people, and ability to respond to a variety of presenting problems and to deal with a wide range of professional and non-professional employees in various health care disciplines. Additionally, the consultant needs tolerance for ambiguity, understanding of organizational structures, and the ability to deal with the dynamics of a changing, evolving system.

A consultant must understand that he/she is working with people; that people (including the consultant) are imperfect and will make mistakes; and that the essential thrust of his/her efforts is aimed toward effecting growth and change--both of which come slowly and take time.

Finally, in the consultant-consultee relationship, the consultee has the option of accepting and/or rejecting the suggestions, recommendations, and advice given by the consultant.

APPENDIX A: GRANTSMANSHIP

THE GRANTSMANSHIP PROCESS
Peter J. Verhoven

GLOSSARY AND BIBLIOGRAPHY
compiled by Judith E. Goldstein

An understanding of the terms in the glossary will help you move more easily through the grantsmanship process. Many terms are specific to federal government grants and contracts. Others are applicable to the proposal writing and funding processes in both public and private sectors.

The glossary was compiled after a review of many source materials. The terms selected are ones most frequently encountered in the search for extramural funding.

INTRODUCTION

The therapeutic recreation consultant is often called upon to assist an agency or organization obtain extramural funds to support a particular worthy program or activity when in-house financial means are not available. The consultant's involvement may be minimal—assisting the consultee to identify appropriate funding agencies—or it may be extensive—helping personnel locate sources of assistance; contacting the source and securing the necessary forms; assisting with writing the proposal; and seeing to it that the entire proposal package meets the specific form and format requirements of the funding agency and is delivered on time. This process is known as grantsmanship.

This brief chapter is in no way intended to present all there is to know about grantsmanship. Indeed, persons devoting their entire professional careers to the intricate process of grantsmanship are surprised to find out how much they continue to learn every day. Rather, this exploration is intended to call your attention to some of the more important elements of the process.

One of the critical activities is preparation of the proposal document, the instrument through which most extramural funding is obtained. A successful proposal may be defined simply as one which accomplishes its purpose: it gets funded. The material which follows will serve as a guide to formulating, developing, and writing proposals.

TYPES OF PROJECTS

There is virtually no end to the types of programs and activities which government and/or private sources (foundations) will support through a grant or contract. The most common include:

- Demonstration—to establish or demonstrate the feasibility of new methods or new types of services.
- Research—to develop new knowledge or evaluate existing knowledge in new settings.

- Service—to support the cost of developing, organizing, establishing, providing, or expanding the delivery of services.
- Training—to enable the increase in numbers of personnel trained in techniques pertinent to the delivery of services or to the performance of functions necessary to the development of services.

FORMS OF AWARD

The award vehicle (grant or contract) is determined by the funding agency and depends upon the nature of the work to be accomplished, performance requirements, and cost considerations. Most often, awards are made in the form of a grant.

As a general rule, grants are less restrictive than contracts. Grants are awarded to an agency to carry out an activity or program which it wishes to conduct but for which it lacks the financial resources. The means (methodology and tasks) for accomplishing the objectives of the proposal are developed at the discretion of the offeror and are less subject to alteration by the funding agency than in contracts. (It is also possible to modify the work scope and procedures in grants more easily than in contracts.) It is the offeror who determines the nature of the project.

Contract awards are based on competitive bidding procedures and pertain to an activity which the funding agency wishes to accomplish. As such, contracts are generally more definitive in describing the objectives, methods and procedures, and specific outcomes (products, deliverables) the funding agency desires.

TYPES OF PROPOSALS

There are two kinds of technical proposals—solicited and unsolicited. The solicited proposal is submitted in response to the funding agency's direct, formal request, better known as an RFP (Request for Proposals). An RFP may call for a specific product (e.g., a publication, an in-service training model, a conference, a research report). An RFP for "field initiated studies" usually calls for solicited proposals which respond to one or more of the funding agency's priority areas of concern (e.g., career education, mainstreaming, leisure education) but does not specify a particular end product or the procedures and methodologies to be used.

Because of the increasing number of agencies and/or individuals who respond to RFP's and the increasing burden imposed upon staff to review proposal submissions, some funding agencies have resorted to the more (initially) restrictive "RFQ" (Request for Qualifications). Potential offerors are first requested to submit a statement of their capability (e.g., staff qualifications, corporate capacity, previous "track record" of accomplishments, etc.) to conduct the proposed activity. On the basis of an internal review of agency capabilities, a select few are invited to submit a formal proposal application.

The unsolicited technical proposal is not submitted in response to a direct, formal request; rather, it is developed and submitted by an offeror to stimulate interest in a particular problem area and to propose a solution to that problem.

It should be noted that the unsolicited proposals are becoming less acceptable to many funding agencies (particularly government agencies), although some still accept them. Those that do generally let it be known that there are periodic deadlines during a given year (usually semi-annually or quarterly) when these proposals will be reviewed. These deadlines are established to coincide with agency funding cycles. Proposals of this nature will be accepted at any time by the agency, but their review and subsequent approval for funding will be delayed until the next acceptable cycle period. Knowledge of this fact is critical: A proposed start-up date for a project may, if altered, create considerable hardship on the offeror (e.g., difficulty employing or maintaining key staff) or interfere with the proposed design (e.g., inability to implement a curriculum at the beginning of a school semester), or both.

IDENTIFYING SOURCES OF INFORMATION

You can literally spend thousands of dollars to stock a personal library with various books, pamphlets, and other printed materials which claim to contain "the complete and absolutely authoritative compendium of every source of financial assistance known." Don't believe the claims of those authors and publishers!

First, agency priorities for funding change rapidly. An agency whose funding priorities match your agency's needs today will, more often than not, change its priorities yearly or even more frequently. Second, new government agencies and foundations seem to crop up regularly, and, as a consequence, your "million dollar resource files" will be useless because they do not contain information about these new funding sources. Third, most colleges and universities and professional organizations have the majority of the important resources you will need and are generally happy to allow you to use them.

There are, however, a few essential resources that you should consider having in your personal "grantsmanship resource survival kit" if you do not have easy access to them through a nearby agency.

- The Federal Register is available on a subscription basis from the U.S. Government Printing Office and is published each weekday. It contains descriptions of federal agency rules and regulations (including those governing grants and contracts), announcements of appropriations, priority areas of funding agencies, and other invaluable "front-end" information about the availability and/or eventual availability of federal and often state financial assistance.

- The Commerce Business Daily is a daily publication of the Department of Commerce. The CBD announces RFP's from all federal agencies and describes the deadline date for submission and to whom and where to write for a complete copy of the announcement. The CBD is available by subscription.

- Catalog of Federal Domestic Assistance is a complete compendium of federal grant sources which includes eligibility requirements, description of program assistance, and information on where to address inquiries. This catalog is updated periodically, and supplements are available.

- The Foundation Directory is an annual compendium of information about foundation giving catalogued by state, topical focus of funding (e.g., handicapped, recreation, arts, education), and geographic focus of eligibility (e.g., specific states or cities). The Directory lists the assets of the foundation, officers and members of the board, and a sample of previous grants by title, recipient, and amount.

There are several other ways of obtaining current information about the availability of financial assistance.

1. Start your search "at home." There may be monies available for use at the discretion of the chief administrative officer or member of the board of your agency. Then, too, certain "earmarked" funds may become available if a previously budgeted program has been "scraped."

2. Obtain the most recent phone directory of an agency. Write or call the agency to inquire about the availability of funds.

3. Write or call an agency and request that you be placed on a distribution list for future information.

4. Ask your colleagues to route information to you that pertains to funding (newsletters, magazine articles, and the like).

5. Don't overlook your elected officials. They often publish small newletters for their constituency which may contain information about funding.

6. Don't limit your search to those agencies from whom your organization might receive a direct grant. In some instances your organization may not qualify as the primary recipient, but might be qualified as the sub-grantee or subcontractor to another agency whose focus is similar to that of your agency. A joint venture or proposal might yield benefits.

It should be noted that there is little difference in preparing a solicited and unsolicited proposal. The unsolicited proposal should, in every way, be as specific, persuasive, and positive in its presentation as the solicited one.

CHECKLIST FOR AGENCY PROSPECTING

There are many considerations to address prior to the actual preparation of a proposal. By do doing you can avoid spending time and money going after financial resources (1) for which your organization is ineligible and (2) that cannot provide the level of funding needed. You will also be able to determine whether your chances for "capturing" funds make it worth the effort.

The following checklist will help you through the preliminaries before you embark on the actual task of preparing a proposal:

1. Does the funding agency allocate its funds on the basis of predetermined criteria, such as geographic location; number of persons to be directly affected or served; population characteristics—age, sex, ethnic background; etc.?

2. Does the agency have a record of splitting the cost of a project with other agencies or organizations (multiple-agency funding) or with the applicant agency (matching funds)?

3. How much money does the agency have available to award for projects? (You can check the specific appropriations bill supporting the funding program of the agency.)

4. Is the agency in the "seed money" business? That is, will it continue to support a project on a multiple-year basis? If so, will agency support decrease proportionately as your agency's support is required to increase?

5. Does the agency solicit projects via RFP's or by other means, or both?

6. Does the agency have standard guidelines for use in preparing proposals? (Most funding agencies distribute guidelines or "application kits" which inform the applicant of deadline dates, eligibility, priorities for funding, review procedures, and other pertinent information.)

7. Does the agency have a deadline for the receipt of applications or proposals for funding? If so, do you have sufficient time to meet it? Has it already passed?

8. What restrictions apply to the use of project funds? Can consultants be hired? Will out-of-state (or country) travel be permitted?

9. What restrictions apply to the eligibility of applicants for project support? Are funds restricted to colleges and universities? to private, nonprofit groups?

10. May an unsuccessful applicant be invited to resubmit the same proposal at a later time? Does an unsuccessful applicant have the right of appeal? (Most federal agencies are required to inform you, upon request, of the specific reasons for disapproving your proposal. Many permit you to engage in formal "debriefing" sessions with agency project officers.)

11. Does the agency screen proposal concepts (pre-proposal prospectus) prior to giving the "go-ahead" to submit a full proposal?

12. What is the length of time over which a project may run? Is it fiscal year to fiscal year?

13. What type of reporting is required during and at the conclusion of the project?

14. What is the average size of a grant or contract from the agency?

15. Does the agency actually have the funds to allocate or are the funds still in negotiation? (There is a difference between having a proposal approved and having it funded. If the agency has to wait for its appropriations, the projected start-up of a project may be delayed inordinately, and the applicant agency may not be able to wait.)

PREPARING THE PROPOSAL

If you answer the questions on the checklist and feel it is appropriate to move ahead, you are ready to begin the actual writing of the proposal. Or are you?

You must first determine the specific goals and objectives of the proposal. This might be summed up best by answering the question, "Just what does the funding agency want?" (in the case of a solicited proposal) or, "What is the specific need which we intend to satisfy?" (in the case of an unsolicited proposal).

The accuracy with which you answer either of these questions is crucial; it determines the approach you will take to meet the goals and objectives as you develop the proposal. Practicality, feasibility, and clear articulation of your ideas are essential. After all, in most instances you are competing with others. A well-structured approach also permits a more accurate detailing of the estimated cost. In the final analysis, your proposal must show that you not only know what must be done but also how it must be done as well.

Proposal Content

Most agencies will require that proposals adhere to a prescribed format. The specifics of this format are generally contained in the agency's guidelines or "application kits." It goes without saying that you should be as specific and as detailed as possible in responding to each item. You should also respond to them in the sequence in which they are presented. Because of volume of submissions, most agencies are unwilling to search through an entire proposal to find a particular section which is out of sequence. While misplacement of items may not always disqualify your submission, it could jeopardize funding—after all, would you invest large sums of money in an organization whose capability was questioned at the outset because of failure to follow simple directions?

In the absence of agency guidelines, applicants should be aware that there are a number of items which should usually be included somewhere within the proposal:

- Principles being applied to yield a solution to a given problem.
- Statement of the need for the project in the case of unsolicited proposals; solicited proposals already recognize that a need exists.
- Concise statement of goals and objectives expressed in measurable terms.
- Schedule for the delivery of all products resulting from the project.
- Past experience and background (credentials and qualifications) of the offeror.

- List of personnel to be assigned and/or recruited, including their experience and education.
- Description of organization and management structure.
- Evaluation plan.
- Availability of facilities and other resources.
- Financial plan.

Start with an outline of your ideas. This will help guide the logical, developmental flow. Before you proceed beyond the outline, check to be certain that it:

- responds to each item requested by the funding agency.
- shows a logical presentation of tasks to accomplish each objective.
- is "weighted" proportionately to the review criteria established by the agency.
- is limited to the required subject matter.

The following are those "most typical" components required in proposals and a brief description of each where necessary and appropriate.

A. Front Matter

1. Letter of transmittal--a cover letter which formally conveys the proposal from the offeror to the funding agency.

2. Cover page/title page--usually a form prepared by the funding agency and completed by the offeror: project title, date of submission, agency preparing proposal, funds requested, dates of proposed start-up and completion, federal domestic assistance number (if a federal funding agency), signature of authorized official.

3. Budget--a detailed financial plan prepared according to the required format. The offeror should attach detailed justification for all line items. Some agencies request that the budget (cost proposal) be conveyed separately from the technical proposal.

4. Assurances—generally required forms to be completed by the offeror. These may include: (a) assurance of compliance with Title VI of the Civil Rights Act of 1964; (b) protection of human subjects form; (c) project approval information.

5. Abstract—usually a one-page, single-spaced summary of the objectives, proposed methodology, and expected outcomes of the project (250-300 words).

6. A-95 Coverage— certain agencies require certification that copies of the proposal have been sent to appropriate state and regional clearinghouses by using OMB (Office of Management and Budget) Circular A-95.

7. Table of Contents.

B. Project Rationale

1. Introduction

2. Statement of the need or problem—a discussion of the priority area or general problem addressed by the proposal.

3. State-of-the-art--a review of relevant research, literature, and developments which pertain to the subject of the proposal.

4. Goals and objectives--clearly defined statements which describe the scope of work presented in measurable terms.

5. Expected outcomes/benefits—a review of effects and implications to result from accomplishing the goals and objectives.

C. Project Procedures

1. Activities—a detailed description of the specific activities to be undertaken to achieve each of the objectives.

2. Methodology or approach--an outline of how activities will be accomplished.

3. Schedule—a list or chart of activities leading to the completion of the project, including a specific timetable (PERT chart).

4. Dissemination strategy—the way in which project findings or accomplishments will be publicized and distributed or otherwise made available.

5. Personnel utilization/staffing pattern—the specific duties and responsibilities of project staff, the percentage of time each is to spend on the project, and the "chain of command."

6. Organizational capability—a validation of your agency's capability to perform the proposed activities which includes past experiences or anticipated capability appropriate to the proposed work.

D. Project Evaluation

In this section, discuss how the project will be evaluated, the instruments to be used, involvement of consultants, and how information will be analyzed.

E. Appendices

Appended items may be included as appropriate to present detailed information in support of the project description, project plan, budget or institutional capability. Copies of resumes of key personnel are usually placed here.

Production of Proposals

The appearance of the finished proposal is important. Needless to say, the final product reflects the agency! Take time to correct grammar and all misspelled words. Make certain that you have attended to all required items and have included all necessary materials. If multiple copies of the proposal are requested, each copy should contain all pages in sequence, and all copies should be legible.

The content and correctness of the proposal are the keys to successful funding. Fancy binders and elaborate layouts are not.

AGENCY REVIEW AND EVALUATION

Each agency has its own procedures for internal review and evaluation of proposals. However, most proposals are processed in a similar way:

1. Field Reader Review—experts (generally non-government individuals, but always peers) formally appointed by the agency review and file an evaluation of the proposal.
2. Panel Review—a select group of non-government peer reviewers re-evaluate the field reader reviews and recommend the disposition of proposal to a monitor assigned by the funding agency.
3. Staff Analysis and Recommendations—agency staff synthesize all reviews, make their own analyses, and formulate recommendations.
4. Approval or Disapproval—notification is sent to the offeror of the final action taken.

Review Criteria

Applications are reviewed to determine whether they (1) relate to the priorities of the funding agency program, (2) are complete, and (3) comply with all pertinent statutes and regulations. Preference is generally given to those applications meeting the following criteria:

- Promise of developing innovations or yielding significant knowledge in area of concern.
- Completeness and feasibility of project design, including an evaluation component.
- Carefully formulated project objectives and methods.
- Capability of proposed project staff.
- Track record of offeror in conducting related activities.
- Feasibility of proposed budget; justification of costs.

- Likelihood of completion of project within proposed time schedule.
- Potential for implementing findings; plan for disseminating results and products.

CONCLUSION

Obviously this has been a rather short and general presentation of a very intricate and sophisticated process. It should, however, "wet your appetite" to learn more about grantsmanship—if not out of interest, out of necessity.

Therapeutic recreation consultant personnel will increasingly be called upon to assist individuals and agencies in their quest for sources of financial assistance to supplement and complement programs and services. It is essential that you have the proper tools to assist them.

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ACT

The formal product of a legislative body (e.g., Architectural Barriers Act of 1968). Acts become part of the body of law which governs a jurisdiction.

ACTIVITY

Any human endeavor that has a beginning point and an ending point.

ADVERTISING (See also COMMERCE BUSINESS DAILY)

The process of disseminating information about funding opportunities (grants and contracts) and needed services for which bids are solicited.

AFFIRMATIVE ACTION

Procedures mandated by law relating to equal opportunity employment, nondiscrimination, civil rights, etc. Projects and programs supported by public monies must adhere to legislated policies pertaining to personnel practices.

AGREEMENT, SUPPLEMENTAL (also contract amendment)

A modification of an existing contract which is established and agreed to by the parties involved. Such an agreement may or may not include additional funding.

APPEAL

(a) The procedure by which an offeror seeks to challenge (and hopefully reverse) a decision by the funding agency not to approve (or to approve but not fund) a specific proposal. Access to this process is usually allowed to all individuals and agencies making application for public monies. (b) The action taken by an unsuccessful offeror in relation to the funding agency.

APPLICANT (see OFFEROR)

APPROACH

The strategy by which the offeror proposes to accomplish the objectives of the project. The appropriateness and feasibility of the "approach" component of the proposal are weighted heavily in the review process.

APPROPRIATED FUNDS (see APPROPRIATIONS)

APPROPRIATION, ANNUAL

An allotment (of funds) for the fiscal year specified in the appropriations act.

APPROPRIATIONS (also appropriated funds)

Monies authorized by a government (local, state, federal) to carry out the intent of a specific legislated effort (and the projects which are authorized by it).

APPROPRIATIONS ACT

The legislation which specifies the level of funding (amount of money) and the program for which funding is approved.

APPROVAL

The funding agency's positive sanction of a proposal as being worthy of support as it is presented (or with minor modifications). Implementation of the project will occur if and when funds are appropriated by the legislative body.

APPROVED WITHOUT FUNDING

The funding agency's positive sanction of a proposal without funding attached. The proposal is accepted as sound and viable, but is not funded for implementation. Such a situation frequently occurs when the funding agency does not have the means to fund all sound proposals and must select the ones of highest priority and broadest ultimate impact.

AUDIT

(a) The procedure by which the financial administration of a grant or contract is investigated and/or monitored by agents of the funding agency or representatives of firms under contract to the funding agency. (b) A review of the financial management of a grant or contract.

AUTHORIZING LEGISLATION

An act, statute, code, or other legislative product which provides the legal basis for a particular action, program, service, policy, etc.

AWARD, GRANT OR CONTRACT

(a) The judgment of a funding agency to provide funds to a specific offeror after a proposal is approved. (b) The monies received by an offeror.

b

BEST AND FINAL OFFER

The terms of and budget for a proposal arrived at by the offeror after negotiations with the funding agency. This stance represents the offeror's determination of the requirements necessary to achieve the intent of the proposal. The offeror makes it known that it will not further reduce and/or modify the level of effort.

BID

(a) An offer submitted in response to a formally advertised invitation for bids to buy from or furnish supplies or services to the government under certain prescribed conditions. (b) The act of submitting a bid or offer.

BIDDER (see OFFEROR)

BIDDER'S MEETING

A meeting convened by a funding agency in conjunction with or shortly after the issuance of an RFP (Request for Proposals) to answer questions that arise among the prospective offerors.

BLOCK (BLOC) GRANT (see also CATEGORICAL GRANT, FORMULA)

A lump sum allocation provided to a jurisdiction (usually state or community) for broad purposes as authorized by legislation. Recipients have flexibility in the distribution of such funds as long as the basic intent of the legislation is fulfilled. Block grant allocations are made according to a specified formula, such as population or other socio-economic factors.

BOILERPLATE

Standard sections, paragraphs, or pages that have repeated use and application in various proposals: staff resumes, institutional descriptions, fact sheets, etc. Too much boilerplate material (e.g., methodology, research design, etc.) makes a proposal unresponsive and decreases chances of funding.

BUDGET

(a) The financial plan governing the expenditure patterns for implementing a project, program, or service. The budget should reflect the tasks outlined in the work statement contained in the proposal. Frequently, the funding agency has a prescribed format (budget outline) to follow. (b) The process by which dollar amounts are affixed to component activities within a proposal.

BUDGET JUSTIFICATION

A narrative explanation of (a) specific items of a budget and/or (b) an entire budget. A justification may be required by a funding agency when an unusual expenditure is included in a proposal or when a potentially questionable sum is allotted for an aspect of project work.

BUDGET SUMMARY

A concise budget showing only totals of major budget categories (e.g., personnel, travel, etc.). This format enables the funding agency to see proposed expenditure patterns at a glance.

C

CARRY OVER (see also TRANSFER OF FUNDS, UNEXPENDED FUNDS)

The process by which unexpended funds are brought forward into a succeeding project year (or period).

CATEGORICAL GRANT (FUNDS) (see also BLOCK GRANT, FORMULA)

Monies allocated on the basis of a formula to be used for a specific type of activity or population group and/or in response to specific priorities of the funding agency.

COMMERCE BUSINESS DAILY (CBD) (see also ADVERTISING)

Issued five days a week, this publication of the U.S. Department of Commerce lists all the goods and services the U.S. Government wishes to purchase or have developed. It lists all RFP's (Requests for Proposals). Although costly (about $75 per year), the CBD is a valuable investment; subscribers are kept informed of new sources of grant and contract funds.

CONSORTIUM

An arrangement whereby several agencies or organizations band together for purposes of submitting a single proposal. In this manner, a significant level of need can be shown, thereby providing a greater justification for financial support. In addition, the combined capabilities allow a higher level of effort than can be achieved by individual agencies or organizations acting independently.

CONSTITUENCY

The group of persons served by a person or agency. The constituency is the group on whose behalf a person or group advocates the initiation of new programs and projects.

CONTINUATION PROPOSAL (see also INITIAL PROPOSAL APPLICATION, REFUNDING)

A proposal which is submitted to the funding agency to secure additional support to continue the life of the grant or contract. For example, if an offeror requests and receives approval of a three-year project and funds for the first year by way of the initial proposal, a continuation proposal must be submitted to receive funds for the second and third years. Preceding each new project year the grantee/contractor must negotiate a budget.

CONTRACT

(a) An agreement, enforceable by law, between two or more competent parties to do something not prohibited by law. (b) A written document that defines the terms, conditions, and period of performance in relation to a specific work effort. It also states the terms under which payment will be rendered in return for satisfactory accomplishment of contract objectives. There are different kinds of contracts (for different types of work) and different methods of payment. (c) The process by which one party negotiates and secures a service or materials from a second party.

CONTRACT AMENDMENT (see AGREEMENT, SUPPLEMENTAL)

CONTRACT, NEGOTIATED

A contract obtained by a funding agency by direct agreement with a contractor, without formal advertising for bids, but after soliciting proposals from qualified sources.

CONTRACTING OFFICER

The individual who is the authorized representative of the government (or other funding agency) to deal with the contractor. This individual has authority to negotiate and award contracts on behalf of the government (or other funding agency) and to make changes in and amendments to the contract.

CONTRACTOR

(a) The recipient of a contract award. (b) The individual or agency responsible for completing the objectives outlined in a contact.

COPYRIGHT

The exclusive legal right to reproduce, publish, and sell the matter and form of a literary, scientific, artistic, (etc.) work. Copyright provisions which spell out the legal rights of the contractor/grantee and funding agency to the product of a contract or grant vary from grant to grant, from contract to contract.

COST-EFFECTIVE

Proposed accomplishment of the work of a particular project in such a way that maximum value and benefit are achieved from the investment of resources. Costs of a product are justified by the value of the ultimate outcomes. Cost-effectiveness is achieved through careful planning and continuous review and modification of the work plan during the life of a project.

COST-PLUS-FIXED-FEE CONTRACT

A contract which authorizes reimbursement to a not-for-profit contractor for costs incurred, plus payment of a fixed fee. The fee may be adjusted if contract requirements change.

COST REIMBURSEMENT

Reimbursement to the contractor/grantee for allowable expenses incurred during the performance of a project.

COST-SHARING

An arrangement whereby the contractor receives reimbursement for only a portion of the costs incurred during the performance of a project. In other words, the funding agency and contractor share the costs.

d

DEBRIEFING

(a) The process by which an unsuccessful offeror meets with representatives of the funding agency to gain an understanding of the factors which contributed to the disapproval of the proposal. Access to a debriefing session is the right of all unsuccessful offerors when the funding agency is at the national (public) level. (b) The meeting at which parties discuss disapproval.

DEFERRAL

Postponement by the funding agency of a decision regarding the disposition of a proposal. Generally, more information is required to clarify aspects of the proposal.

DELIVERABLES

The products which the contractor/grantee is required to provide to the funding agency. These are specified in the proposal and may include progress reports, publications, models, materials and/or equipment, etc.

DEMONSTRATION PROJECT (see also RESEARCH PROJECT, TRAINING PROJECT)

A project which is funded to establish or demonstrate the feasibility of a theory, approach, program, etc.

DIRECT COSTS (see also INDIRECT COSTS)

Costs which are directly attributable to the conduct of a project. Typically these include staff labor, travel, per diem, communications, reproduction/printing, and equipment/supply items procured specifically for the project.

DISAPPROVAL

A decision of the funding agency not to accept or fund a proposal for any one or more reasons. Common reasons for disapproval include: poor research design; lack of offeror expertise; unreasonable objectives; non-priority concern of funding agency; cost-ineffectiveness; duplication of previous work. A disapproved proposal may be reworked and resubmitted.

DISCRETIONARY FUNDS (see also EARMARKED FUNDS)

Funds which may be used to support projects in accordance with legislation which permits the funding agency to exercise judgment in selecting what proposals shall be approved and how much shall be awarded.

DISSEMINATION-UTILIZATION GRANT/CONTRACT

An arrangement which enables the grantee or contractor to disseminate the products and/or results of a project in ways that bring to a larger audience what was accomplished during the project. Separate proposals for D-U grants/contracts must be submitted to the funding agency. D-U arrangements are one means to institutionalize (integrate into the mainstream) an approach, product, or theory.

e

EARMARKED FUNDS (see also DISCRETIONARY FUNDS)

Funds which are designated for (committed to) a specific general purpose or population group; for example, a funding agency may earmark a portion of its appropriated monies for training activities or for programs for developmentally disabled persons.

EDUCATION AND OTHER NONPROFIT ORGANIZATIONS

Any corporation, foundation, trust, or institution operated for scientific or educational purposes and not organized for profit; no part of its net earnings inure to the profit of any private shareholder or individual.

ENCUMBERED FUNDS (see also EXPENDED FUNDS)

Funds which have been committed for a specific activity or purpose but not disbursed. For example, a purchase order may be written for a piece of equipment which costs $100. This amount is encumbered; it cannot be used for anything else.

ENTITLEMENT FUNDS (see also FORMULA)

Funds allocated and awarded primarily on the basis of a formula that seeks to spread the available funds in some sort of equitable fashion. The allocation formula will attempt to rationalize on the basis of some implication of need and may involve such factors as size, location, population, etc.

EVALUATION CRITERIA

A set of factors against which proposals are assessed. Offerors (bidders) are generally advised of these factors in the Request for Proposals (RFP) and their order of importance and approximate weight in the decision making process.

EXPENDED FUNDS (see also ENCUMBERED FUNDS)

Funds which have been disbursed.

EXTENSION

An agreement requested by the contractor/grantee to extend the project beyond the period originally agreed to. A written request outlining the rationale for the change in the time frame is necessary as an initial step. Negotiations may be called for. The request may or may not be honored. Extensions usually do not entail additional funding because the extra time allotted is used to complete the work outlined in the existing contract or grant.

EXTRAMURAL (see also IN-HOUSE)

Literally, "outside the walls." Funding support which comes from a source other than the agency, institution, or organization submitting a proposal.

f

FEDERAL PROCUREMENT REGULATIONS

Regulations which apply to all federal agencies to the extent specified in the Federal Property and Administrative Services Act of 1949, as amended, or in other law. These regulations apply to procurements made within and outside the United States.

FIELD INITIATED STUDY (see also RFP, UNSOLICITED PROPOSAL)

A project proposal initiated by an agency, institution, or organization in response to a felt need of that unit. This type of proposal is the opposite of one which is developed by a unit in response to an RFP (Request for Proposals) issued by a funding agency. Field initiated studies may be solicited by a funding agency. However, many such proposals are submitted to the funding agency as unsolicited proposals.

FIELD READER

A professional person who contracts with a funding agency to review and evaluate proposal submissions within his/her area(s) of expertise. He/she participates as called upon in one component of the mandatory review process. (NOTE: There are some instances in which field readers are not used—sole source contracts, private foundations).

FISCAL YEAR

The budgetary year established by a particular administrative structure. The most common time periods are from January 1-December 31 (calendar year) and July 1-June 30.

FIXED PRICE CONTRACT

A contract for which costs can be estimated with reasonable accuracy and design or performance requirements can be reasonably well defined. A firm dollar figure is attached to the contract by the funding agency.

FORMULA (see also BLOCK GRANT, CATEGORICAL GRANT, ENTITLEMENT FUNDS)

Prescribed by legislation or regulation, a means of allocating funds to specified grantees which does not entail review of individual projects. Rather, funds are granted on the basis of such factors as population, enrollment, per capita income, or a specified need. In other words, a school system may receive "X dollars per 100 disabled children."

FOUNDATION

A nonprofit, nongovernmental organization endowed with a fund of its own in trust. Managed by its own directors, a foundation is established to maintain or aid social, educational, charitable, religious, or other activities serving the common welfare. Foundations are tax-exempt, and contributions to them are tax-deductible (Section 501 of the Internal Revenue Code).

FOUNDATION DIRECTORY, THE

A publication of The Foundation Center which contains valuable information on foundations across the country—what they are; where they are located; their funding focus; etc.

FUNCTION

A label that is used to identify one or more activities that are related by a common purpose or intent.

FUNDING AGENCY (also grantor, sponsoring agency)

The source of funds awarded for grants and contracts.

FUNDING CYCLE

The schedule established by a funding agency which sets the periods during the budgetary (fiscal) year when proposals are accepted and funds are awarded.

FUNDING PERIOD

The time frame during which project funds may be expended.

g

GENERALIZABILITY (see also UTILITY)

(a) The characteristics of a research study which allow it to be replicated in other settings. (b) The characteristics of research findings which allow them to be rather widely applied. (c) The characteristics of a product or system which allow it to be used or instituted in a variety of situations. Generalizability is often one of the evaluation criteria of the proposal review process.

GOAL (also project goal)

A broad statement of purpose or intent for the project. A project goal does not call for any specific accomplishment, nor does it specify a time frame during which it is to be accomplished.

GRANT

An award of funds (with minimal limiting conditions) for stated purposes. The general criteria against which grant proposals are judged are (a) the value of the proposed work to the public and (b) the capability of the offeror to contribute to the public good.

GRANTEE

The recipient of a grant award.

GRANT FUNDS

Funds that are generally awarded to an individual, organization, or agency with few strings attached to their precise disposition. Grant funds are often awarded for a stipulated period of time or level of support, rather than for the accomplishment of specific objectives.

GRANTOR (see FUNDING AGENCY)

GRANTS AND CONTRACTS OFFICE (or similar title)

The unit within the funding agency which is responsible for coordinating the award, monitoring, and funds disbursement for grants and contracts.

GRANTSMANSHIP

The complex process of attracting monies through submission of proposals to funding agencies. While generally used to refer to the process of attracting extramural dollars, the term grantsmanship also applies to the process of attracting in-house funds or approval of specific projects. Language and procedures used in grantsmanship vary with the public (government) and private (foundation) sectors. However, there is an extensive common terminology; and there are generally accepted procedures which facilitate achieving positive responses from funding agencies. Once the grantsmanship process is mastered, it can be applied in any situation.

GUIDELINES

Instructions provided by a funding agency to be used (a) in the preparation of a proposal and/or (b) to guide the proposal submission process and/or the delivery of reports and products. Deviation from the guidelines may result in disapproval of a proposal or legal difficulties between the contractor/grantee and the funding agency.

i

IMPOUNDED FUNDS

Monies appropriated by a legislative body but witheld (made inaccessible) by executive order.

INCREMENTALLY FUNDED CONTRACT/GRANT (see also CONTINUATION PROPOSAL)

A funding procedure which is used when the total effort for a project is due to be performed over a multiple-year period. Additional funds are allotted by the funding agency at specific times to cover increments of performance.

INDIRECT COSTS (also overhead, burden) (see also DIRECT COSTS)

Costs which are indirectly attributable to the conduct of a project. These costs are associated with maintaining a project staff and essential elements of operation—typically rent, utilities, administrative records maintenance, etc. Indirect costs are frequently expressed as a percentage of total direct costs. There are usually regulations which set the maximum allowable percentage.

IN-HOUSE (see also EXTRAMURAL)

Within a particular agency (as opposed to extramural). The term generally refers to capabilities and resources of the offeror.

INITIAL PROPOSAL APPLICATION (see also CONTINUATION PROPOSAL)

The first proposal submitted to a funding agency to request funds for a project. The initial application outlines all work to be performed—whether it be for a month or several years.

IN-KIND CONTRIBUTION

Goods or services having monetary value made available as a contribution to the project by the agency/organization receiving extramural monies. If the organization makes a truck available for use in a project, it makes an in-kind contribution. If the organization puts up the funds to buy the truck, the contribution is a cash contribution and not an in-kind contribution.

l

LEGISLATION

The enactment of a legislator or legislative body which becomes part of the body of law governing a jurisdiction.

LETTER OF INTENT

A letter submitted to a funding agency expressing the interest of an individual, agency, or organization in submitting a proposal for funding.

LETTER OF TRANSMITTAL

The official letter from the offeror which accompanies the proposal submitted to a funding agency.

LEVEL OF EFFORT

When the work statement is written in broad general terms and describes the degree of effort to be expended within a given period of time, a level of effort can be expressed in the contract. This is an expression of the number and type of man-hours or man-months that the government is purchasing under the contract.

LINE ITEM

A budget entry which represents the total allotment for a specific type of expenditure—e.g., salaries, travel, duplication, supplies, etc. With the approval of the funding agency, funds may be transferred from one line item to another (by the percentage allowed by the funding agency).

LOCK (see WIRED)

m

MANPOWER LOADING

The schedule of manpower use or allocation over the duration of the project, i.e., hours/day, hours/week, hours/month, percent of time, etc.

MATCHING FUNDS

Usually set by a formula ratio established by the funding agency, matching funds are the monies which the offeror agrees to provide as its contribution to a work effort. The funding agency's contribution is dependent upon the offeror's input. For example, such a ratio may be established at 75 (funding agency)/25 (offeror). In other words, the funding agency will contribute $3 for every $1 promised by the offeror. There is frequently a legal limit set upon the contribution of the funding agency.

MONITORING

The process by which project activities are reviewed and followed, usually by a representative of the funding agency.

n

NEEDS

The existing conditions which can be shown to have an unfavorable or negative impact upon a specific group of persons or which give rise to the development of a specific proposal. Every proposal must contain a statement of need.

o

OBJECTIVE (also project objective)

(a) A statement of what the offeror is willing to be accountable for as a result of spending the funding agency's money. (b) A statement of what is to be accomplished during the project period. All proposals must contain clear objectives.

OFFEROR (also bidder, applicant)

An individual or group applying (through proposal or funding request) to a funding agency for support.

OUTCOME

The result of engaging in an activity. An outcome outlives the activity which created it.

OUT-OF-POCKET FUNDS

Expenditures borne by the grantee/contractor for (a) activities not authorized by the terms of the award and/or (b) in excess of the total amount of the award.

OVERHEAD (see INDIRECT COSTS)

OVERLOAD

A situation which occurs when the total commitments of an individual contractor or grantee or an individual supported in part or in full by contract or grant funds add up to more than 100 percent of full-time effort. It is against the law for one person to receive government funds which exceed 100 percent of his/her full-time salary.

p

PEER REVIEW

One phase of the total proposal review process during which individuals knowledgeable about the proposal's content evaluate it against criteria established by the funding agency. Evaluation reports submitted by the peer review panel are considered by the funding agency during the decision making process.

PHASING (see also TIMELINE)

Division of the project effort into areas or stages of accomplishment, each of which must be completed and approved before the contractor may proceed to the next.

PLANNING GRANT

A grant made to support planning, developing, designing, and establishing the means for performing research or accomplishing other approved objectives.

PRICE PROPOSAL (see also TECHNICAL PROPOSAL)

That component of the total proposal which contains the budget, budget justification, and related financial elements. Often the price proposal is submitted as a separate document which accompanies the technical proposal.

PRIME CONTRACTOR (see also SUBCONTRACTOR)

The person or agency receiving an award of funds to accomplish a prescribed scope of work. This person or agency is held accountable for all work done in connection with the project.

PRIORITIES (see also RESPONSIVENESS)

The areas which a funding agency selects as the focal points for its funding strategies. These areas or concerns are articulated in the guidelines made available to offerors. Priorities may change from year to year. Proposals which do not respond to stated priorities are usually not considered by the funding agency.

PROCUREMENT

Obtaining material or services by purchasing, renting, leasing, or other means from sources outside the government.

PROJECT CONCEPT (see also PROPRIETARY IDEA, PUBLIC DOMAIN)

The idea around which a proposal is developed. A project concept may be original or it may be similar to concepts of other projects.

PROJECT GOAL (see GOAL)

PROJECT MONITOR (also project officer)

The representative of the funding agency who is responsible for overseeing the conduct of a project; the individual to whom the contractor or grantee is accountable.

PROJECT OBJECTIVE (see also OBJECTIVE)

PROJECT OFFICER (see PROJECT MONITOR)

PROJECT PERIOD (also project duration)

The life of a project; the period for which funding is awarded.

PROJECT SCOPE (also scope)

The amount of effort required to accomplish the objectives of the project. Scope is expressed either numerically in terms of total dollar cost or in terms of the project's procedures and manpower utilization plan.

PROPOSAL

A document describing what the offeror promises to achieve in return for the investment of sponsor funds.

PROPRIETARY IDEA/CONCEPT (see also PROJECT CONCEPT, PUBLIC DOMAIN)

An idea or concept that is not in the public domain. Disclosure of descriptions or accounts thereof may compromise an offeror's position relative to a competitor.

PROSPECTUS

A document provided by a group or individual to a funding agency describing a rationale for a project and explaining why a proposal should be requested. It is used by some funding agencies to screen proposal submissions and/or reduce the expenses of unsuccessful offerors (applicants).

PROVISIONAL APPROVAL

The decision by the funding agency to approve a proposal with the stipulation that the offeror make recommended changes to strengthen or clarify specific aspects of it. When the changes are made to the satisfaction of the funding agency, full approval is obtained.

PROVISIONS

(a) General--clauses required for all contracts and grants awarded by a funding agency. (b) Special--elements of a specific contract or grant which are appropriate only to that document (e.g., scope of work, price, delivery date, etc.).

PUBLIC DOMAIN (see also PROPRIETARY IDEA/CONCEPT)

Belonging to all people--the public. Unless otherwise specified in a grant or contract, all ideas, concepts, and products resulting from activities supported by public funds are within the public domain; that is, they belong to all people and cannot be copyrighted by the individuals who develop them. Reproduction is permissible without approval from the authors or developers. Usually, credit is given, however.

q

QUALIFICATIONS (OF OFFEROR) (see also REQUEST FOR QUALIFICATIONS)

The resources, past performance, and capabilities of an individual or group which point to an ability to undertake a project.

r

RFP (REQUEST FOR PROPOSALS) (see also SOLICITATION, FIELD INITIATED STUDY)

A document issued by a funding agency for the purpose of inviting qualified individuals or organizations to submit a proposal to accomplish a specific scope of work outlined by the funding agency.

RFQ (REQUEST FOR QUOTE)

A document issued by a funding agency to invite qualified individuals or organizations to submit a price quotation to accomplish prescribed work or deliver a specific product or commodity.

RECIPIENT (see GRANTEE, PRIME CONTRACTOR)

REFUNDING (see also CONTINUATION PROPOSAL)

Award of additional grant/contract monies for successive years of a multiple-year project. Refunding is not automatic. Each year a new budget and description of proposed activities must be submitted by the grantee/contractor and approved by the funding agency. "Non-competitive" refunding occurs when the award of additional monies depends solely upon the merits of a project. "Competitive" refunding occurs when all projects being considered for continuation are grouped together and judged by external criteria (e.g., agency priorities, ultimate benefits). The projects of highest rank are refunded. "Competitive" refunding may be the result of a cutback of the agency's or foundation's program or it may be a general agency or foundation policy.

REGULATIONS

The guidelines which are written to detail the implementation process of a specific legislative enactment. Public comment about a set of regulations is mandated prior to their adoption. Regulations are announced in the Federal Register which is published daily (except weekends) by the Federal Government.

RENEWAL

A supplemental agreement to an existing contract for continuation of work with the incumbent contractor.

REQUEST FOR PROPOSALS (see RFP) (see also SOLICITATION)

REQUEST FOR QUALIFICATIONS (see also QUALIFICATIONS)

A document issued by a funding agency to potential offerors inviting them to submit a profile of their expertise. Their demonstrated past performance and performance potential will determine whether they are asked to submit a proposal to bid on a project sponsored by the funding agency. This type of request is a screening technique.

REQUEST FOR QUOTE (see RFQ)

RESEARCH PROJECT (see also DEMONSTRATION PROJECT, TRAINING PROJECT)

A project which involves investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories in light of new facts, or application of new or revised theories.

RESPONDENTS (see OFFEROR)

RESPONSIVENESS (see also GUIDELINES, PRIORITIES)

The attention paid by an offeror to (a) the priorities and concerns of the funding agency and/or (b) the agency's guidelines for proposal preparation. Responsiveness does not guarantee approval; however, lack of responsiveness usually leads to disapproval.

RESTRICTIONS

The limitations imposed by the funding agency upon such items as (a) eligibility to receive funds, (b) how project funds may be spent, (c) subcontracting patterns, etc.

RESUBMISSION

The act of offering a reworked proposal to the funding agency. A proposal once disapproved is redone to alleviate the deficiencies noted by the reviewers.

REVENUE SHARING

The process whereby federal funds are returned directly to lower levels of government with few or no strings attached. Revenue sharing was legislated in October 1972 and made retroactive to January 1972.

REVIEW PANEL (see PEER REVIEW)

S

SCOPE (see PROJECT SCOPE)

SEED MONEY PROJECT

A project that is intended (after initial funding) to create a continuing or long-term impact without the subsequent infusion of outside support. In other words, a project that becomes self-sustaining.

SOLE SOURCE CONTRACT

A contract awarded on a non-competitive basis. The offeror (a) possesses exclusive or preeminent qualifications to perform the required work, (b) has access to unique, necessary facilities, or (c) is the only individual or group meeting the requirements established by the funding agency. Frequently the funding agency approaches a specific individual or group it believes is best suited to the requirements of the job.

SOLICITATION (see also RFP)

A formal or informal invitation offered by a funding agency requesting the submission of proposals from specified or unspecified sources.

SOLICITED PROPOSAL (see also UNSOLICITED PROPOSAL)

A proposal submitted by an offeror in response to a solicitation of a funding agency. The project concept and felt need originate with the funding agency.

SOURCES FOR SOLICITATION

The offerors (bidders) to whom the Request for Proposals (RFP) will be sent.

SPONSORING AGENCY (see FUNDING AGENCY)

STATEMENT OF ASSURANCES

Reference in a proposal to specific conditions with which contractors/grantees must comply. These conditions are set forth in legislation and include: Protection of Human Subjects, Department of Health, Education and Welfare regulations under the Civil Rights Act of 1964, etc.

STRAIGHT COST-REIMBURSEMENT (REIMBURSABLE) CONTRACT/GRANT

A grant or contract which specifies that the recipient will be reimbursed only for actual expenditures incurred during the project period. This method of payment is most often used with educational and other non-profit institutions.

START-UP ACTIVITIES

The activities which must be accomplished to get a project in gear—hiring of project staff, installation in office space, establishment of procedures, etc. These activities generally occur immediately at the start of the project period.

SUBCONTRACTOR (see also PRIME CONTRACTOR)

The individual or group whom the prime contractor involves in a significant way in some component of the project work.

T

TALKING PROPOSAL

An informal and often sketchy proposal which is used to "feel" out a potential funding source. If the funding agency demonstrates more than passing interest, the offeror may decide to prepare a formal proposal.

TARGET GROUP

A specific group of persons who are experiencing needs that can be established and in response to which a project concept is developed.

TASKS

The activities which taken together lead to the accomplishment of an objective.

TECHNICAL PROPOSAL (see also PRICE PROPOSAL)

That component of the total proposal which contains the work statement, qualifications of the offeror, and related information. Often the technical proposal is submitted as a separate document which accompanies the price proposal.

TECHNICALLY SOUND

The viability, feasibility, and utility of a proposed project. Technical soundness does not guarantee funding; however, disapproval or deferral may result if a proposal is unsound.

TIMELINE (see also PHASING)

A graphic representation (really a map) of the sequence and flow of all activities specified in a proposal. Start and end points are noted, as well as the interrelationship of the various activity patterns.

TRAINING PROJECT (see also DEMONSTRATION PROJECT, RESEARCH PROJECT)

A project which entails curriculum development, provision of training/education opportunities through academic programs, workshops, clinics, conferences, etc., or similar activity.

TRANSFER OF FUNDS (see also CARRY OVER, LINE ITEM, UNEXPENDED FUNDS)

(a) What occurs when unexpended funds are brought forth into a succeeding project period with the approval of the funding agency. (b) What occurs when unexpended funds are brought from one line item in a budget to another. (c) What occurs when one agency of government gives funds from its budget to another government agency for a specific task. (d) What occurs when an agency shifts funds from one of its units to another.

U

UNAPPROPRIATED FUNDS

Monies existing within a funding agency which have not been authorized to be expended.

UNENCUMBERED FUNDS (see also ENCUMBERED FUNDS, UNEXPENDED FUNDS)

Funds which have not been committed for a specific purpose through purchase order, subcontract, etc. These funds are still available within the budget.

UNEXPENDED FUNDS(see also CARRY OVER, EXPENDED FUNDS, UNENCUMBERED FUNDS)

Funds which have not been disbursed or encumbered. The monies are still available within the budget. If a project is due to continue for another funding period, unexpended funds from the current project may be carried over or transferred (with the authorization of the funding agency) and applied to the succeeding project period.

UTILITY (see also GENERALIZABILITY)

The value of a project in terms of the benefits it will have for others. Utility is one of the important evaluative criteria.

W

WIRED (also lock)

Award of a grant or contract is said to be "wired" when the funding agency has predetermined which individual or group will receive funds for a specific project even though other agencies are not discouraged from submitting proposals. Wiring is usually a political phenomenon.

WORK STATEMENT

That portion of the proposal (often a separate document) stating the technical objectives and requirements of the contract or grant.

Y

YEAR-END-MONEY

Monies unencumbered by (still available to) a funding agency just prior to the fiscal year (end) freeze. If the agency is not allowed to carry over the funds into the next fiscal year, it must encumber (spend) them or lose them. Frequently the availability of year-end-money stimulates a rash of new proposals from the field.

Many sources were reviewed in preparing this bibliography. The majority of citations were culled from bibliographies and articles; therefore, neither the quality nor appropriateness of individual items is known. The books by White (Virginia) and Krathwohl offer basic information.

Before ordering a specific item readers are advised to contact the publisher or organization to obtain current price information and determine the availability of the material. It is possible that some materials are no longer published or are out of print. Also, some of the addresses listed may have changed.

No endorsement of any service or product included in the bibliography should be inferred.

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- Many of the documents published by the federal government are stored in depository libraries--large public libraries and libraries of major universities designated by the government to retain permanently all materials disseminated by the Office of the Superintendent of Documents. Out of print documents are available. Printed and microfacsimile forms are used. The Federal Register and the Catalog of Federal Domestic Assistance are maintained. A listing of all government depository libraries can be ordered from the Chief of the Library, Department of Public Documents, U.S. Government Printing Office, Washington, D.C. 20402. Users should inquire of each library as to its holdings.

- Bill Status System provides information on legislation past and pending during current sessions of Congress. Write to: Bill Status System, House Information Systems, Committee on House Administration, U.S. Congress, Washington, D.C. 20515. Information may be received by telephone by giving the operator the bill number, author, or subject.

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- American Association of Fund-Raising Council, In., 500 Fifth Avenue, New York, NY 10036.
- Fund Raising Institute, Plymouth Meeting, PA 19462.
- Council of Planning Librarians, P.O. Box 229, Monticello, IL 61856.
- National Clearinghouse on Revenue Sharing, Suite 201, 1975 Massachusetts Avenue, N.W., Washington, D.C. 20036.
- The Grantsmanship Center, 7815 South Vermont Avenue, Los Angeles, CA 90044.
- The Foundation Center, 888 Seventh Avenue, New York, NY 10019 AND 1001 Connecticut Avenue, N.W., Washington, D.C. 20036. (There are also regional centers)
- Public Service Materials Center, 355 Lexington Avenue, New York, NY 10017.
- Grant Development Institute, 2140 South Holly, Littleton, CO 80222.
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- National Recreation and Park Association (legislative office), 1601 N. Kent Street, Arlington, VA 22209.
- Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.
- Federal government agencies usually provide information on their funding programs, including guidelines for applications. Contact the federal agency or the regional office for your state.

APPENDIX B: SPECIAL EDUCATION TERMS

Source: Steve Brannan and Carol Leitschuh, editors. An Oregon Report: Arts and the Handicapped. Portland, OR: Portland State University, Special Education Department. Based on proceedings of a conference held at Portland State University, December 2-3, 1976. Funded by a grant from the Northwest Area Learning Resource Center/Regional Resource Center, University of Oregon.

GLOSSARY OF TERMS IN SPECIAL EDUCATION

The following definitions have been developed to provide general information. They are not official definitions and do not necessarily represent the opinions of professional organizations for the handicapped. Many of the definitions are specific to language contained in P.L. 94-142, the new federal Education for All Handicapped Children Act.

APPROPRIATELY DESIGNED EDUCATION

An educational program provided to handicapped children which (a) is commensurate with their special educational needs and (b) meets State educational agency standards for such a program(s).

CRIPPLED

Persons with orthopedic impairments which might restrict normal opportunity for education or self-support. Generally considered to include individuals having congenital impairments (i.e., clubfoot or absence of some body member), impairments caused by some disease (poliomyelitis, bone tuberculosis, encephalitis), neurological involvements which may result in conditions such as cerebral palsy, and impairments caused by accident (fractures or burns that cause contractures, etc.).

DEAF

Persons in whom the sense of hearing is non-functional for the ordinary purposes of life (inability to hear connected language with or without the use of amplification). This general group is made up of the congenitally deaf and the adventitiously deaf.

DEAF-BLIND

Individuals having both auditory and visual impairments, the combination of which causes such severe communication and other educational problems that the individual cannot properly be accommodated in special education programs designed solely for the learning-handicapped person. These individuals should be identified also under Multi-handicapped and not under Deaf or Visually Handicapped.

EDUCABLE MENTALLY RETARDED

Mentally retarded individuals who are educable in the academic, social, and occupational areas, even though moderate supervision may be necessary.

EXCEPTIONAL CHILDREN

A traditional and generic term referring to both educationally gifted and educationally handicapped pupils.

FREE PUBLIC EDUCATION

An organized special education program commensurate with the special educational needs of handicapped children provided in the State as being equivalent to elementary or secondary education, not beyond grade 12 or to age 21, at public expense and direction. It may include kindergarten or preschool if such programs are recognized as education under or pursuant to State law. Such programs may be supported fully or in part with State or federal funds including those funds provided by local education agencies. Parents or guardians must not be charged for the special education services their handicapped children receive.

FULL EDUCATIONAL OPPORTUNITY

The opportunity for each handicapped child to receive an appropriately designed education.

GIFTED

Persons with superior ability to deal with facts, ideas, or relationships, whether this ability comes from a high I.Q. or a less well-defined creativity. Superior intelligence is probably the most basic ingredient of giftedness.

HANDICAPPED CHILDREN

A traditional and generic term referring to pupils who demonstrate a significant learning problem. This term refers to the 12 categories of handicapping conditions mentioned on this list (i.e., deaf, learning disabled, mentally retarded).

HARD OF HEARING

Persons in whom the sense of hearing, although defective, is functional with or without a hearing aid. The hearing loss is generally of such a nature and severity as to require one or more special educational services.

INDIVIDUALIZED EDUCATION PROGRAM

A written statement for each handicapped child developed in any meeting by (1) a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children; (2) the teacher; (3) the parents or guardian of such child; and (4) whenever appropriate, such child. The statement shall include (1) a statement of the present levels of educational performance of such child, (2) a statement of annual goals, including short-term instructional objectives, (3) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (4) the projected date for initiation and anticipated duration of such services, and (5) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

LEARNING DISABLED

Individuals who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written; which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. These disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage.

LEAST RESTRICTIVE ALTERNATIVE

Procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

MAINSTREAMING

The administrative organizational plan which allows the exceptional child to learn with his or her chronological peers in every possible situation, while providing a trained specialist or specialists to instruct him or her in the specific skills and behaviors that cannot be accommodated in the general education program.

NORMALIZATION

A normal rhythm of the day and year for the handicapped. It implies a normal routine of life. Most people live in one place, work or attend school somewhere else, and have leisure time activities in a variety of places. It is a philosophy that affirms the right of all human beings to experience the patterns and conditions of every day life which are as close as possible to the norms and patterns of the mainstream of society.

OTHER HEALTH IMPAIRED

Persons having health handicaps not covered in other categories, which are of such a nature and severity as to require one or more special services. These could include asthma; rheumatic fever; less than usual amount of strength, energy, endurance; conditions resulting from chronic illness or environmental causes; epilepsy; diabetes; cardiac disease; and hemophilia.

SERIOUSLY EMOTIONALLY DISTURBED

Persons having psychiatric disturbance without clearly defined physical cause or structural damage to the brain which limits the ability of the individual to govern his or her own behavior. This disturbance is of such a nature and severity as to require one or more special services, particularly with reference to education.

SEVERELY AND MULTIPLY HANDICAPPED

Severely handicapped children include those classified as severely emotionally disturbed (schizophrenic and autistic); profoundly and severely mentally retarded; and those with two or more serious handicapping conditions such as the deaf-blind, mentally retarded-deaf, mentally retarded-blind, cerebral palsied-blind or deaf, etc.

SPECIAL EDUCATION

Specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

SPEECH IMPAIRED

Persons experiencing pronounced organic or functional speech disorders which cause interference in oral communication. Includes persons exhibiting language disorders resulting from such special handicaps as stuttering, cleft palate, and speech or voice problems.

TRAINABLE MENTALLY RETARDED

Mentally retarded persons who are incapable of meaningful achievement in traditional academic subjects but who are capable of profiting to a meaningful degree from instruction in self-care, social skills, and simple job and vocational skills.

VISUALLY IMPAIRED

Persons who have sufficient visual loss to require special educational services. Includes such sub-categories as blind, legally blind, and partially sighted.

APPENDIX C: BIBLIOGRAPHIES

- CONSULTATION
- BARRIERS/ACCESSIBILITY

compiled by Judith E. Goldstein

The books, articles, and periodicals included in the bibliography on consultation address communications, human relations, organization development, consultation, and similar topics. The references are a sampling of the vast body of knowledge which is relevant not only to consultation, but also to many of the activities (and facilitating processes) falling within the workscope of recreation personnel. Within these resource materials you will find considerable information to assist you to understand others' behavior and your own, to form and maintain more satisfying and productive interpersonal relationships, and to facilitate growth and change in others and yourself through your work.

The references concerning barriers and accessibility will be helpful to all recreation and park personnel as they open up and expand opportunities for all persons through more enlightened planning and design of areas, facilities, programs, and equipment. It was possible to review only a few of the items in the consultation bibliography. However, the sources from which the citations were taken are reputable, and many of the authors are well-known in their fields. Therefore, it is assumed that the overall quality of the resources is high. A considerable number of the items in the barriers/accessibility bibliography were reviewed. They are useful reference materials.

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